

2015

Policy Procedure & Manual



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Introduction

First Steps is a statewide, comprehensive, coordinated, multidisciplinary, interagency system designed to provide Early Intervention Services for infants and toddlers with disabilities and their families. This system is authorized by PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Part C.

The U. S. Department of Education, Office of Special Education Programs (OSEP) is responsible for oversight of Part C programs. OSEP monitors programs through the State Performance Plan (SPP) and Annual Performance Report (APR).

The Cabinet for Health and Family Services (CHFS), Department of Public Health (DPH), Division of Maternal and Child Health, Early Childhood Development Branch is the lead agency for the Kentucky Early Intervention System (KEIS), commonly known as First Steps.

Policy and procedures for the implementation of the state and federal statutes and regulations are presented in this manual for the purpose of outlining execution and performance of said regulations.

Points of Entry (POE) staff, agency administrators and early intervention service providers are responsible for complying with the information contained in this manual, in addition to the specifications and deliverables in their respective contracts.

Definitions

Ability to Pay: a family's financial ability to help with the cost of Early Intervention Services.

Advocate: a person requested by the family to help the family decide on services the child may need and understand the rights provided by law.

Amendment or Requested Review: changes made to the current Individualized Family Service Plan (IFSP) or early intervention record.

Annual Performance Report (APR): a yearly report submitted to the US Department of Education, Office of Special Education (OSEP) that describes the state's progress towards performance targets for each performance indicator identified by OSEP. The State Interagency Coordinating Council is required to certify the APP or submit a separate progress report.

Assessment: the ongoing procedures used by appropriate qualified service providers throughout a child's period of eligibility in First Steps to identify the child's unique strengths and needs, the services appropriate to meet those needs; the resources, priorities and concerns of the family; and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability. Initial assessment, conducted before the child's first Individualized Family Service Plan (IFSP) meeting, includes the assessment of the child and family.

Assistive Technology Device: any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child with a disability and which is necessary to implement the Individualized Family Service Plan (IFSP). The term does not include a medical device that is surgically implanted, including a cochlear implant or the optimization (mapping), maintenance, or replacement of that device.

Assistive Technology Service: a service that directly assists the child with a disability in the selection, acquisition, or use of an assistive technology device; and includes the evaluation of the needs of the child with a disability including a functional evaluation of the child in the child's customary environment.

Child Abuse Prevention and Treatment Act Reauthorization Act of 2010 (CAPTA): key piece of legislation that guides child protection. 42 U.S.C. 5106a (b)(2)(B)(xxi)

Child Find: a system to identify, locate and evaluate all infants and toddlers with disabilities who are eligible for Early Intervention Services, determine the children who are receiving services and coordinate the effort with other state agencies and departments.

Confidentiality: the nondisclosure of personally identifying information about the child and family, per the applicable provisions of the Individuals with Disability Education and Improvement Act of 2004 (IDEA), Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) regulations.

Consent: the parent or guardian, after being fully informed in their native language or other familiar mode of communication, of all information relevant to the activity for which consent is sought, agrees in writing to the carrying out of the activity. Consent is voluntary and may be withdrawn at any time.

Consultative Model: a partnership model of service delivery wherein parents and/or other primary caregivers and service providers work collaboratively to meet a child's developmental needs, address parent concerns and achieve success by promoting the competencies of all parties.

Developmental Delay: a lag that occurs when a child has not reached an expected milestone of development in the domains of cognitive development, physical development, including vision and

hearing, communication development, social or emotional development and adaptive (self-help skills) development. The eligibility criterion for developmental delay is:

Two (2) standard deviations below the mean in one (1) domain of development or skill area; or, one and one-half (1 1/2) standard deviations below the mean in two (2) domains of development or skill areas.

Destruction: the physical destruction of the child's early intervention record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

Direct Supervision: the continuous, on-site observation and guidance of a First Steps provider by another First Steps provider as activities are implemented with children and families.

District Child Evaluation Specialist (DCES): an individual housed at the Point of Entry (POE) who ensures that referrals to First Steps are appropriate, oversees that high quality evaluations and assessments are conducted, and provides leadership/guidance to IFSP teams in synthesizing assessment information that results in effective IFSPs.

District Early Intervention Committee (DEIC): a committee operating in each Area Development Districts (ADD) that facilitates interagency coordination at the district level for children ages birth to three (3).

Due Process: the formal procedures to resolve parental complaints about the identification, evaluation or placement of their child or the provision of appropriate Early Intervention Service(s) to the child or family.

Early Intervention Record: all records, electronic and hard copy regarding a child that are collected, maintained, or used in First Steps.

Early Intervention Services: services for infants and toddlers with disabilities and their families delivered according to an Individualized Family Service Plan (IFSP) developed by the child's multidisciplinary team to meet the developmental needs of eligible children and provided by entities receiving public funds using qualified personnel. The IFSP is developed and the services provided in collaboration with the families and to the maximum extent appropriate, in natural environments, including home and community settings in which infants and toddlers without disabilities would participate. This definition also includes the descriptions of each discipline for early intervention services found in 34 CFR 303.12.

Established Risk Condition: a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Evaluation: the procedures to determine eligibility for First Steps. Activities include gathering information about the child and family, review of relevant health records, child assessments and tests to identify the current level of developmental functioning and a family assessment of concerns, priorities and resources.

Family Centered: practices that are driven by a family's priorities and choices; that support the family's role in recognition as the constant in a child's life; that complement a family's natural activity settings and daily routines, and that support, respect, encourage and enhance the strengths, competence and confidence of the family.

Family assessment: a voluntary process designed to identify the family's resources, priorities and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. This assessment must be conducted in the native language of the family member being assessed, be based on information obtained through both an assessment tool and interview with those family members who elect to participate in the assessment.

Family Education Rights and Privacy Act (FERPA): a federal law that describes the maintenance and sharing of personally identifiable information in education records. The early intervention record is an education record and as such, must be maintained in compliance with FERPA. 34 CFR Part 99

Free Appropriate Public Education (FAPE): an entitlement protected by law ensuring that a child with a disability is afforded an education designed to meet the child's educational needs at no cost to the family and provided under public supervision. FAPE is provided to eligible children, beginning at age three (3), through public schools.

Health Insurance Portability and Accountability Act (HIPAA): a federal law that was created in 1996 to help secure families with health insurance. Title II of HIPAA, the Administrative Simplification (AS) provisions address the security and privacy of health data, whether electronic or paper. Oversight of HIPAA is provided by U.S. Department of Health and Human Services (DOHHS). Some provisions of HIPAA apply to the business transactions between the State Lead Agency and early intervention providers. 45 CFR Parts 160, 162, and 164

Homeless Child: as defined by the McKinney-Vento Homeless Assistance Act, "those children who lack a fixed, regular, and adequate nighttime residence". 42 USC §11434a

Inability to pay: a family who is not able to help defray the cost of Early Intervention Services. Families who have an income at or below 200% of poverty are considered to have an inability to pay.

Indirect Supervision: the regular, periodic, on-site observation and off-site guidance of a professional by another professional in an area of First Steps services as activities/services are implemented with children and families. This includes review of activity plans and reports, review of service logs and other methods of assessing practice.

Individualized Family Service Plan (IFSP): a written plan that guides the provision of Early Intervention Services to a child eligible under Part C of the IDEA and the child's family. The IFSP must be developed by a team that includes the family, be based upon evaluation and assessment information and contain all required components.

Individuals with Disabilities Education Improvement Act of 2004 (IDEA): the public law that established the right to a free, appropriate, public education for children and youth with disabilities, originally known as the Education of the Handicapped Act (PL 94-142). Provisions for services to infants and toddlers (Part C) and preschoolers (Section 619) were included in the reauthorization in 1986 (PL 99-457).

Kentucky Early Childhood Data System (KEDS): a web-based data collection system to provide data for analysis to determine the degree with which Kentucky's children are meeting major outcomes as required by Office of Special Education Programs (OSEP) in the U.S. Department of Education and state early learning standards.

Medically Fragile: a child who has significant medical conditions that require modifications to Early Intervention Services and/or assessment. A physician or an advanced registered nurse practitioner must make the determination of medically fragile.

Multidisciplinary Team: the child specific group including the parent(s) or guardian(s) of the child and individuals representing at least two (2) applicable disciplines responsible for determining the services needed by the infant or toddler with disabilities and the child's family. One team member must be a service coordinator.

Native Language: the language or mode of communication typically used by the child or parent(s).

Natural Environments: daily activities and settings, such as the home and community, in which the child's same age peers who have no disability normally participate.

Office of Special Education Programs (OSEP): the federal office within the U.S. Department of Education responsible for the general supervision of the Individuals with Disabilities Education Improvement Act of 2004.

Parent:

- (1) A natural or adoptive parent of a child;
- (2) A foster parent if the birth parent rights have been terminated by judicial order or the birth parent has given consent for the foster parent to co-parent for the purposes of educational decisions;
- (3) A guardian (but not the state if the child is a ward of the State);
- (4) An individual acting in the place of a natural or adoptive parent, including a grandparent, stepparent, or other relative with whom the child lives or an individual who is legally responsible for the child's welfare; or
- (5) An individual assigned to be an educational surrogate parent.

Period of Eligibility: the time from referral to First Steps termination of services due to failure to meet initial program eligibility requirements; attainment of age three (3); documented refusal of service by parent or legal/guardian inclusive of disappearance; or change of residence to another state.

Personally Identifiable Information (PII): as defined in OMB Memorandum M-07-1616 refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. According to 34 CFR 99.3 the term includes but is not limited to:

- (1) The student's name;
 - (2) The name of the student's parent or other family members;
 - (3) The address of the student or student's family;
 - (4) A personal identifier, such as the student's social security number, student number, or biometric record;
 - (5) Other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name;
 - (6) Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty; or
 - (7) Information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates.
- (Authority: 20 U.S.C. 1232g)

Protected Health Information (PHI): under the HIPAA Privacy Rule, protected health information (PHI) refers to individually identifiable health information. Individually identifiable health information is that which can be linked to a particular person. Specifically, this information can relate to:

- (1) The individual's past, present or future physical or mental health or condition,
- (2) The provision of health care to the individual, or
- (3) The past, present, or future payment for the provision of health care to the individual.

Common identifiers of health information include names, social security numbers, addresses and birth dates.

Point of Entry (POE): the entity responsible for implementation of the Kentucky Early Intervention System within the Area Development District (ADD) of the state, serving as the Local Lead Agency (LLA) for Kentucky's Part C Early Intervention System.

Prematurity: a gestational age, at birth, of less than thirty-seven (37) weeks.

Primary Referral Source: those in the community who have the greatest opportunity, by virtue of their work, their relationship to children of this age or their special knowledge to refer a child to First Steps.

Primary Service Provider (PSP): one (1) professional selected by the IFSP team who serves as the team lead and provides regular support to the family.

Provider Action: action(s) or decision(s) by First Steps staff, and action(s) or decision(s) made by early intervention service providers relating to the identification, evaluation, placement of the child or the provisions of appropriate Early Intervention Services.

Qualified Service Provider: an entity including but not limited to an individual, program, department, or agency, responsible for the delivery of Early Intervention Services to eligible infants and toddlers with disabilities and their families, who have met the highest minimum standards of state approved or recognized certification, licensing, registration and other comparable requirements that apply to the area in which they are providing Early Intervention Services. Qualifications are outlined in Kentucky Administrative Regulations at 902 KAR 30:150.

Record Review Team: a group of early intervention experts representing each discipline of early intervention providers who review complex cases for eligibility and service provision and make recommendations to IFSP teams.

Referral: notification to the POE of a child identified between birth and three (3) years of age who is a Kentucky resident or homeless within the boundaries of the Commonwealth and is suspected of having an Established Risk diagnosis or a developmental delay.

Routines-Based Interview™ : a methodology for conducting the required family assessment developed by Dr. R.A McWilliam.

State Lead Agency (SLA): the designated staff in the Department for Public Health who are responsible for implementing the First Steps Program in accordance with 34 CFR 303 Part C of Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and KRS 200.650 to 200.676.

State Performance Plan (SPP): a multi-year plan developed by the state that describes the state's performance according to specific performance indicators identified by the US Department of Education, Office of Special Education. Improvement activities are included in the plan. Yearly progress reports are required.

Surrogate Parent: an individual appointed to make educational decisions on the child's behalf and has no interests that would conflict with the interests of the child. Educational surrogates are used when a child has no parent or anyone who "acts like a parent".

Technology-assisted Observation and Teaming Support System (TOTS): the First Steps statewide online data base and management system. TOTS contain the child's early intervention record and serves as the centralized billing and monitoring system.

Transdisciplinary Team: professionals from various disciplines working together cooperatively by educating each other in the skills and practices of their disciplines, demonstrating a commitment to work together across traditional discipline boundaries being consistent with the training and expertise of the individual team members.

Ward of the State: a child who has been committed to the Cabinet for Health and Family Services or the Department of Juvenile Justice through a legal process, whether the commitment is voluntary or non-voluntary and the biological or adoptive parental rights have been terminated.

Chapter 1: Accessing First Steps

The Point of Entry (POE) serves as the Local Lead Agency (LLA) for Kentucky's Part C Early Intervention System. Each Area Development District (ADD) has a POE designated within its boundaries. POEs are under the direct line of supervision of the State Lead Agency. The POE/LLA is responsible for the following activities:

- (1) Local public awareness and child find;
- (2) Intake, including developmental screening;
- (3) Coordination of the multidisciplinary evaluation and assessment;
- (4) Determine eligibility;
- (5) Service coordination;
- (6) IFSP development and implementation; and
- (7) The implementation of the State Performance Plan actions that support the indicators on the local level.

1.1 Operations of POE

The POE/LLA office is open and accessible to parents, early intervention providers and community stakeholders Monday through Friday with the exception of generally observed holidays and closures due to inclement weather or other unforeseen circumstances.

The POE receives referrals (i.e. phone, fax, e-mail, on-line referral portal and mail) twenty-four (24) hours a day, seven (7) days a week.

Staff at the POE includes at a minimum, the manager, District Child Evaluation Specialist (DCES), Service Coordinators and support staff.

1.2 Role of POE Manager

Each POE has a dedicated manager as the lead position for the POE. The manager is responsible for the following:

- (1) Supervision of the POE staff: District Child Evaluation Specialist, Service Coordinators and support staff;
- (2) Oversight of the day-to-day operations of the POE;
- (3) Implementation of First Steps policy and procedure, including State Performance Plan indicators;
- (4) Implementation and resolution of Corrective Action Plans issued by the State Lead Agency;
- (5) Receipt, investigation and resolution of informal complaints;
- (6) Facilitation and provision of information to the District Early Intervention Committee; and
- (7) Implementation of effective child find activities.

1.3 Role of District Child Evaluation Specialists (DCES)

The District Child Evaluation Specialist (DCES) works to enhance the quality and appropriateness of First Steps services. Each POE has at least one (1) DCES responsible for the following:

- (1) Ensure screenings are completed for children referred to First Steps for suspicion of a developmental delay using a Cabinet-approved screening protocol;
- (2) Complete Five Area Assessments (5AA) using a Cabinet-approved, criterion-referenced instrument for children referred to the POE who have a diagnosed Established Risk Condition;
- (3) Conduct Initial Evaluations using Cabinet-approved instruments on children referred to the POE suspected of having a significant developmental delay;
- (4) Determine the disciplines needed for assessment for children with indication of developmental delay from screening;
- (5) Coordinate the multidisciplinary evaluation/assessment and any further assessment as appropriate;
- (6) Ensure a health assessment is entered in TOTS;
- (7) Synthesize all information gathered on a child and determine eligibility;
- (8) Participate in IFSP meetings for children with whom the DCES has completed an initial evaluation or Five Area Assessment (5AA);
- (9) Assist with preparation for a Record Review request or an Intensive Level Evaluation request.

- (10) Monitor the implementation of IFSP's, including changes to IFSP's; and
- (11) Assist the State Lead Agency, POE Manager and other POE staff in assuring quality services in the district are performed within the required timelines.

1.4 Role of Service Coordinator (SC)

Service coordination is the primary service provided through the POE. Service coordination means the activities carried out by an individual to assist and enable the child and the child's family to receive the rights, procedural safeguards and services that are authorized under the state's early intervention system.

Each eligible child and the child's family must be provided with one (1) Service Coordinator who is responsible for:

- (1) Coordinating all services across agency lines; and
- (2) Serving as the single point of contact in helping parents to obtain the services and assistance they need to address the needs of their child as recognized on their Individualized Family Service Plan (IFSP).

Service coordination is an active, ongoing process that involves:

- (1) Assisting parents of eligible children in gaining access to all services identified in the IFSP;
- (2) Coordinating the provision of Early Intervention Services and other services (such as, but not limited to, medical services) based on IFSP;
- (3) Facilitating the timely delivery of available services; and
- (4) Continuously seeking the appropriate services necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include:

- (1) Conducting the family assessment to determine the family's priorities and concerns and updating this information in TOTS as necessary;
- (2) Coordinating the performance of screenings, evaluations and assessments;
- (3) Facilitating and participating in the development, review and evaluation of IFSPs;
- (4) Assisting families in identifying available service providers;
- (5) Coordinating and monitoring the timely delivery of appropriate early intervention services;
- (6) Informing families of the availability of advocacy services;
- (7) Coordinating with medical and health providers;
- (8) Coordinating the funding sources for services; and
- (9) Facilitating the development of a transition plan to preschool services or other services.

1.5 Service Coordinator Responsibilities

Service Coordinators must document all billable service activities in a service log and all non-billable service activities in a communication log in TOTS within ten (10) calendar days of service. This includes all contacts with families, early intervention providers, community partners and other resources.

Documentation shall include:

- (1) The date of contact;
- (2) Amount of time spent;
- (3) Reason for contact;
- (4) Type of contact whether by telephone or face-to-face;
- (5) Result of contact; and
- (6) Plan for further action.

This table provides an overview of the responsibilities of POE staff. Specific detail for activities is provided in later chapters.

	Activity	Timelines
Initial Contact	Receive referral; contact family to schedule initial meeting: <ul style="list-style-type: none"> Determine if there is a need for interpreter services Explain First Steps program Determine need for Educational Surrogate Parent using the <i>Surrogate Parent Identification of Need (FS-23A)</i> If applicable, send <i>Initial Home Visit Confirmation Letter (FS-5)</i> 	Within five (5) working days of receipt of referral
	If unable to locate the family: <ul style="list-style-type: none"> Send the <i>Unable to Contact Referral Letter (FS-4)</i> Close case 	Ten (10) calendar days of date letter sent
Intake	Meet with family	
	If not completed prior to your initial visit: Provide <i>Notice of Action & Consent for Screening, Evaluation & Assessment (FS-8)</i>	At least five (5) working days prior to evaluation date
	If not completed prior to your initial visit: Provide <i>Notice of System of Payments (FS-48)</i>	
	If not completed prior to your initial visit: Assist with completion of screening (ASQ-3 and ASQ:SE), explain the First Steps program and verify if family wants to proceed with intake	
	Gather additional demographic information	
	Interview family concerning child's developmental status, pregnancy and birth history, formal and informal supports, etc.	
	Explain family rights and give <i>First Steps Family Rights Handbook</i> and <u>Parent's Rights in Kentucky's Early Intervention System: First Steps</u> Brochure to family	
	Explain confidentiality procedures using the <i>Notice of Confidentiality, Privacy Practices & Records (FS-29)</i>	
	Obtain consents for Releases of Information using the <i>Consent to Release/Obtain Information (FS-10)</i>	
	Obtain financial verification using the <i>Financial Assessment Verification (FS-13)</i>	

	Activity	Timelines
	<p>Collect records for which there is a signed Release of Information</p> <p>The following is a list of possible forms that will be completed at the initial home visit (unless they have been completed prior to your initial visit):</p> <ul style="list-style-type: none"> • <i>Surrogate Parent Identification of Need (FS-23A)</i> Note: Additional forms to facilitate this process may be needed to appoint an Educational Surrogate Parent REQUIRED • <i>Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)</i> REQUIRED • <i>Notice of Transition (FS-11)</i> AS NEEDED • <i>Consent to Release/Obtain Information (FS-10)</i> REQUIRED • <i>Waiver of Interpreter Services-Limited English Proficiency (LEP) (FS-34)</i> AS NEEDED • <i>Notice & Consent for Use of Private Insurance (FS-12A)</i> AS NEEDED • <i>Notice for Use of Medicaid (FS-12B)</i> AS NEEDED • <i>Financial Assessment Verification (FS-13)</i> REQUIRED • <i>Notice of Confidentiality, Privacy Practices & Records (FS-29)</i> REQUIRED • <i>Referral Form to CSHCN (FS-37A)</i> AS NEEDED • <i>Notice & Consent for Release of Child Outcome Data to Kentucky Center for Education and Workforce Statistics (KCEWS) (FS-6)</i> REQUIRED • <i>Notice of System of Payments (FS-48)</i> AS NEEDED 	
Initial Evaluation	Authorize all required Initial Evaluations	
Eligibility	<p>If child eligible,</p> <ul style="list-style-type: none"> • Schedule Family Assessment • Send <i>Family Assessment Preparation Letter (FS-47)</i> to family • Document in TOTS 	
	<ul style="list-style-type: none"> • Schedule IFSP meeting • Send <i>IFSP Meeting Notice (FS-14)</i> to family • Document in TOTS 	Send <i>FS-14</i> at least seven (7) calendar days of IFSP date
	<p>If child not eligible, provide family with <i>Notice of Action (FS-9)</i> and <u>Parent's Rights in Kentucky's Early Intervention System: First Steps Brochure</u></p> <p>Ensure a copy of the report is sent to the family</p>	No later than Five (5) working days after determination of ineligibility

	Activity	Timelines
Family Assessment	<ul style="list-style-type: none"> Conduct Family Assessment Complete report in TOTS Provide family with copy of report prior to IFSP meeting Document in TOTS that the report was sent to family 	<p>Family Assessment to be conducted as soon as possible after determination of eligibility</p> <p>Entry in TOTS, report to the family and document in TOTS within five (5) working days of date of Family Assessment</p>
Initial IFSP Implementation	Develop IFSP; obtain parent consent for early intervention services by parent signature on the <i>IFSP Signature Page (FS-15)</i>	
	Enter IFSP into TOTS Finalize IFSP in TOTS Provide the family with a copy of the IFSP and document IFSP sent in TOTS	Within five (5) working days of the IFSP meeting
	Provide family with information for online access to child's record in TOTS	As requested
	Initial services start as soon as possible after the IFSP is signed by parent indicating consent	No earlier than five (5) working days and no more than thirty (30) calendar days of date of IFSP
	If not obtained at Intake: If private health insurance is used for payment of early intervention services, complete <i>Notice & Consent for Use of Private Insurance (FS-12A)</i>	
	Schedule 6-month IFSP review	
	The following is a list of forms associated with the Initial IFSP meeting: <ul style="list-style-type: none"> <i>IFSP Signature Page (FS-15)</i> REQUIRED 	

	Activity	Timelines
Six (6) Month Review Note: With parent agreement, this may be held as a phone conference.	<ul style="list-style-type: none"> Update Family Assessment Complete report in TOTS Provide family with copy of report prior to IFSP meeting Document in TOTS that the report was sent to family 	At least thirty (30) calendar days prior to the meeting, no earlier than forty-five (45) calendar days Entry in TOTS, report sent to family and document in TOTS within five (5) working days of date of Family Assessment
	Notify family and team members of meeting date: <ul style="list-style-type: none"> Send <i>IFSP Meeting Notice (FS-14)</i> to family Schedule meeting in TOTS using the Scheduling Tool—this will create a message for IFSP service providers <p>*Note: Individuals that parent requests to be invited may be sent the <i>(FS-14)</i>.</p>	At least seven (7) calendar days prior to the meeting
	Ensure each provider has completed a six (6) month progress report. Ensure that a copy of the report has been sent to the family	At least five (5) working days prior to the meeting
	Review relevant information	
	Update the <i>Financial Assessment Verification (FS-13)</i>	
	Provide a <i>Notice of Action (FS-9)</i> for any changes to existing IFSP services; Provide a <u>Parent's Rights in Kentucky's Early Intervention System: First Steps Brochure</u> ; and Obtain parental consent for any new Early Intervention Services on the <i>IFSP Signature Page (FS-15)</i>	No earlier than five (5) working days and no later than thirty (30) calendar days of date of IFSP
	If private health insurance is used for payment of early intervention services and there is an increase in the frequency, length, duration, or intensity of an early intervention service or the addition of a new service, obtain signature on <i>Notice & Consent for Use of Private Insurance (FS-12A)</i>	
	Schedule Annual IFSP meeting Authorize annual 5AA	

	Activity	Timelines
	Enter IFSP into TOTS Finalize IFSP in TOTS Provide the family with a copy of the IFSP and document in TOTS	Within five (5) working days of the IFSP meeting
	The following is a list of forms associated with the IFSP review meeting: <ul style="list-style-type: none">• <i>IFSP Meeting Notice (FS-14)</i> REQUIRED• <i>Notice of Action (FS-9)</i> AS NEEDED• <i>IFSP Signature Page (FS-15)</i> AS NEEDED• <i>Notice & Consent for Use of Private Insurance (FS-12A)</i> AS NEEDED• <i>Financial Assessment Verification (FS-13)</i> REQUIRED• <i>Notice of Action & Consent for Secondary Level Evaluation (FS-30)</i> AS NEEDED• <i>Notice of Transition (FS-11)</i> AS NEEDED	
Annual Redetermination of Eligibility	Send <i>Notice of Action for Annual Eligibility Determination (FS-18)</i> to family Document notice sent in TOTS	At least sixty (60) calendar days prior to the Annual IFSP meeting
	Ensure 5AA conducted and report available for meeting Ensure that a copy has been provided to the family	At least thirty (30) calendar days prior to the meeting, no earlier than sixty (60) calendar days Provider has five (5) working days to complete written report and enter into TOTS and KEDS and mail copy to parents
	SC review relevant child information and re-determine eligibility (consult with DCES as needed)	
	If child is found not eligible: Provide a <i>Notice of Action (FS-9)</i> refusing eligibility; Provide a <u>Parent’s Rights in Kentucky’s Early Intervention System: First Steps</u> Brochure; and Discharge summaries must be entered by all providers	Close case no earlier than five (5) working days, no later than fifteen (15)

	Activity	Timelines
	If child is found eligible: Schedule the Annual Family Assessment, send the <i>Family Assessment Preparation Letter (FS-47)</i> and document in TOTS	
Annual IFSP	Schedule and notify family and team members of meeting date: <ul style="list-style-type: none"> • Send <i>IFSP Meeting Notice (FS-14)</i> to family • Schedule meeting in TOTS using the Scheduling Tool—this will create a message for IFSP service providers • Document in TOTS <p>*Note: Individuals that parent requests to be invited may be sent the <i>(FS-14)</i></p>	At least seven (7) calendar days prior to the meeting
	Conduct Family Assessment	At least fifteen (15) calendar days prior to the meeting, no earlier than twenty-five (25) calendar days
	Enter Family Assessment information into TOTS Send a copy of the report to the family Document in TOTS that report was sent	Entry in TOTS, report sent to family and document in TOTS within five (5) working days of date of Family Assessment
	Ensure each provider has completed an annual progress report. Ensure that a copy of the report has been sent to the family	At least five (5) working days prior to the meeting
	Develop IFSP: <ul style="list-style-type: none"> • Review parent rights and provide <i>Parents' Rights in Kentucky's Early Intervention System: First Steps</i> brochure • Provide a <i>Notice of Action (FS-9)</i> for any changes to existing IFSP services • Provide <i>Notice of Confidentiality, Privacy Practices & Records (FS-29)</i> 	New services start no earlier than five (5) working days and no later than thirty (30) calendar days of date of IFSP

	Activity	Timelines
	<ul style="list-style-type: none">Complete <i>Financial Assessment Verification (FS-13)</i>Obtain parental consent for early intervention services by parent signature on the <i>IFSP Signature Page (FS-15)</i>	
	If private insurance is used for payment of early intervention services, obtain signature on the <i>Notice & Consent for Use of Private Insurance (FS-12A)</i> If child has Medicaid, provide family with <i>Notice for Use of Medicaid (FS-12B)</i>	
	Enter IFSP into TOTS Finalize in TOTS Provide the family with a copy of the IFSP and document the IFSP was sent in TOTS	Within five (5) working days of the IFSP meeting
	The following is a list of forms associated with the Annual IFSP meeting: <ul style="list-style-type: none"><i>IFSP Meeting Notice (FS-14)</i> REQUIRED<i>IFSP Signature Page (FS-15)</i> REQUIRED<i>Notice of Action (FS-9)</i> AS NEEDED<i>Notice & Consent for Use of Private Insurance (FS-12A)</i> AS NEEDED<i>Notice for Use of Medicaid (FS-12B)</i> AS NEEDED<i>Notice of Confidentiality, Privacy Practices & Records (FS-29)</i> REQUIRED<i>Financial Assessment Verification (FS-13)</i> REQUIRED<i>Consent to Release/Obtain Information (FS-10)</i> AS NEEDED<i>Notice of Action for Annual Eligibility Determination (FS-18)</i> REQUIRED<i>Notice of Transition (FS-11)</i> AS NEEDED<i>Notice of Referral to LEA/KDE (for children over 2 yr. 10.5 mo.) (FS-3)</i> AS NEEDED<i>Notice & Consent for Release of Child Outcome Data to Kentucky Center for Education and Workforce Statistics (KCEWS) (FS-6)</i> REQUIRED<i>Notice of Action & Consent for Assessment (FS-7)</i> AS NEEDED<i>Notice of Action & Consent for Secondary Level Evaluation (FS-30)</i> AS NEEDED	
Transition Conference *must be held at least ninety (90) days before the child turns three (3) *Note: This must be held in conjunction with a regularly scheduled IFSP meeting	Hold meeting; review program options for child after age three (3)	
	Provide parent with the First Steps Transition Part B Services Fact Sheet	
	Identify and document steps and services required for both parents and child to move to new services at age three (3)	
	With parent signature on the <i>Consent to Release/Obtain Information (FS-10)</i> , release appropriate materials to school district to ensure continuity of services (see chapter ten (10) for details)	
	Obtain parent consent on the <i>IFSP Signature Page (FS-15)</i>	

	Activity	Timelines
Exit IFSP *This is optional and may be held as a phone conference if parent agrees	Schedule meeting; invite participants using <i>IFSP Meeting Notice (FS-14)</i> and document in TOTS	At least seven (7) calendar days prior to meeting date
	Ensure discharge summaries are written and available for the meeting. Ensure that a copy has been provided to the family	Five (5) working days prior to IFSP exit meeting
	Ensure Exit 5AA conducted and report available for meeting Ensure a copy has been provided to the family	Assessment must be completed within thirty (30) days prior to age three (3) Provider has five (5) working days to complete written report and enter into TOTS and KEDS and mail copy to parents
	Hold meeting; verify parent's plan after exit from First Steps	
	Review child's progress and exit 5AA results	
	Close chart on TOTS	Within fifteen (15) calendar days from date of exit

Chapter 2: Public Awareness/Child Find

Federal law requires that all infants and toddlers who are potentially eligible for early intervention services under Part C of the Individuals with Disabilities Education Improvement Act of 2004 be identified and evaluated. Public Awareness materials developed by the State Lead Agency (SLA) are designed to inform parents with premature infants or infants with other physical risk factors associated with learning or developmental complications, on the availability of Early Intervention Services. Other supplemental materials developed by the POE also inform parents on the availability of Early Intervention Services. The POE works with the primary referral sources in their geographic area to develop procedures for disseminating public awareness materials and other information in such a way as to reach parents of children with suspected or confirmed disabilities or delays. POE efforts specifically target parents with premature infants and infants suspected of a developmental delay, on the availability of Early Intervention Services.

Primary referral sources identified in law are those agencies that have major efforts to locate and identify children and that have frequent contact with families. Primary referral sources include but are not limited to:

- (1) Local school districts special education (Part B of IDEA) programs;
- (2) Local health departments and managed care agencies, including Early and Periodic Screenings, Diagnosis and Treatment (EPSDT) programs;
- (3) Early Head Start and Head Start;
- (4) Homeless shelters;
- (5) Supplemental Security Income (SSI) programs;
- (6) Local Department for Community Based Services (DCBS) office for cases with a sustained or negligent complaint;
- (7) Programs authorized through the Developmental Disabilities Assistance and Bill of Rights Act;
- (8) Child care programs;
- (9) Programs providing services under the Family Violence Prevention and Services Act;
- (10) Commission for Children with Special Health Care Needs, including the Early Hearing Detection and Intervention program (EHDI);
- (11) The Kentucky Children's Health Insurance Program (K-CHIP); and
- (12) Hospitals and physicians.

Federal regulations require that primary referral sources refer a child as soon as possible but no later than seven (7) days after the child has been identified. Children who are subjects of a substantiated case of abuse or neglect and children identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure must be referred to First Steps.

A general purpose referral form, *Referral Form (FS-1A)*, is included in the forms section of this manual. This referral form is distributed to the primary referral sources throughout the state. There is a specific referral form to be used with the DCBS. The *DCBS Referral Form (FS-1B)* requests information that is relevant for children under the care and custody of DCBS.

Referrals to the POE can also be made through the online referral portal. The *Referral Portal Letter (FS-19)* is used to assist primary referral sources in obtaining a log in for the portal and instructions on how to make the referral.

POEs are required to submit for approval a plan for child find efforts on the *Child Find Plan (FS-28)* no later than August 1st each year. Results of the planned activities are reported no later than May 1st of the subsequent year.

Chapter 3: Procedural Safeguards

The procedural safeguards required by The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) are intended to protect the interests of families with infants and toddlers with special needs and of the Early Intervention System. Procedural safeguards are the checks and balances of the system, not a piece separate from the system. Rights and safeguards help ensure that an Individualized Family Service Plan (IFSP) is developed with families that address their priorities and concerns. For the Early Intervention System, rights and safeguards assure quality and equity. For families and for the system, procedural safeguards provide the protection of an impartial system for complaint resolution.

Early Intervention System personnel are legally obligated to explain procedural safeguards to families and to support an active adherence to and understanding of these safeguards throughout the Early Intervention System.

In order for families to be fully informed of their rights and safeguards, they also must understand the early intervention system and their role as partners and decision-makers in the early intervention process. They should be advised that the intent of Part C of IDEA is to enhance families' abilities to meet the special needs of their infants and toddlers by strengthening their authority and encouraging their participation in meeting those needs (Hurth & Goff, 2002).

3.1 Family Rights

3.1 (1) Native Language

All children and families have the right to information in their native language. Native language is defined as the language normally used by the parents of the child. For evaluations and assessments providers use the language normally used by the child and developmentally appropriate. If the individual is deaf, hard of hearing, blind, visually impaired, deaf-blind or is an individual who has no written language, the provider must use the mode of communication that is normally used by the individual (Braille, sign language or oral communication).

3.1 (2) An Evaluation

All children and families referred to the early intervention program have the right to a timely, comprehensive and multidisciplinary evaluation to determine eligibility. No one criterion is used to determine eligibility. The evaluation of the child must occur within forty-five (45) calendar days of referral and be conducted by a multidisciplinary team of two (2) or more qualified professionals who examine the child's medical history, development and current abilities. If the child is eligible for services, the child has the right to ongoing assessments of the child's strengths, skill levels, progress and needs. The family has the right to a family-directed assessment of their resources, priorities and concerns. This family assessment is voluntary.

3.1 (3) An Individualized Family Service Plan (IFSP)

Within forty-five (45) calendar days of the referral, each eligible child and family must have a written Individualized Family Service Plan (IFSP) for providing Early Intervention Services that includes the family's concerns, priorities and resources for their child. The IFSP is written for a year and is reviewed at least every six (6) months. It includes the measurable results or outcomes for the child and family, how progress will be measured, when services will begin and for how long, methods of payment and transition at various times throughout the process and upon the child's third birthday.

3.1 (4) Educational Surrogate Parent (Representation of Children)

All children are represented by a parent or guardian or someone who is acting as a parent. In the cases where no parent can be identified, an educational surrogate parent is appointed and is afforded all rights allowed by Part C of IDEA. The educational surrogate can make decisions about the early intervention services for the child. The person appointed as the educational

surrogate cannot be a contracted early intervention provider, an employee of the POE or any state agency that is involved in the care of the child or someone with personal or professional interest that conflicts with the interests of the child. Additionally, the educational surrogate shall have knowledge and skills to ensure adequate representation of the child.

3.1 (5) Parent Consent

Written parental consent must be obtained before:

- (a) conducting a screening, evaluation or assessment;
- (b) initiating the provision of early intervention services;
- (c) using private insurance for payment of early intervention services;
- (d) increasing the frequency, length, duration or intensity of any early intervention service; and
- (e) disclosing personally identifiable information.

3.1 (6) Consent without Jeopardy

Parents may choose to not give consent for any particular service without jeopardizing other services and they may refuse a service at any time, even after accepting it, without affecting other Early Intervention Services.

3.1 (7) Privacy-Confidentiality

The law provides for the protection of family privacy at all times. Written consent must be obtained before personally identifiable information is:

- (a) Disclosed to anyone other than officials of participating agencies collecting or using the information under First Steps; or
- (b) To be used for any other purpose than meeting the requirements under IDEA.

Information released from records to participating agencies without parental consent may be done as authorized by the Family Educational Rights and Privacy Act (FERPA), Section 99.31.

3.1 (8) Prior Notice for Services

Parents must receive prior written notice at least five (5) working days before the public agency or service provider proposes or refuses to initiate or change the identification, evaluation or placement of a child or the provision of Early Intervention Services to the child and the child's family. This notice must inform the parent of the action(s) being proposed or refused and the reason(s) for the action(s). The family must receive their procedural safeguards with the notice. Notices must be written in a way that is understandable to the general public. If English is not the native language of the family, the family has the right to receive information in their native language, unless it is clearly impossible to do so. If a family uses another method of communication, such as sign language or Braille, then they have the right to receive information in that way.

3.1 (9) Information on Early Intervention Records

Parents receive written notice of records collected and maintained by First Steps that includes a description of the types of records, how those are collected and maintained and the uses of the records. Also included in the notice are the policies for storage, destruction, disclosure to third parties and retention. Parents' rights regarding their child's records are also included in the notice.

3.1 (10) Review Records

Parents have the right to inspect or review all early intervention records maintained on their child. This includes records concerning screening, evaluation and assessment, eligibility determination, development and implementation of the IFSP (service logs), provision of early intervention services and individual complaints concerning the child.

Parents may request in writing that records be amended. The Point of Entry (POE) forwards the request to the State Lead Agency (SLA). If the SLA disagrees or refuses to amend the record, the parents may request a hearing to challenge the information contained in the file. If, as a result of

the hearing, the information is found to be inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, the SLA will change the information accordingly and inform the parents in writing.

3.1 (11) Mediation

Parents are offered the opportunity to use mediation to resolve concerns before going to a due process hearing. This is voluntary and does not take away the right to a due process hearing. Mediation services are at no cost to the family. Both parties who will be participating in the mediation agree to a trained mediator selected from a list maintained by the Administrative Hearings Branch of the Cabinet for Health and Family Services. The mediation session will be scheduled at a location and time mutually agreed upon by the parties. No more than three (3) people can accompany each party to the session unless both parties mutually agree to allow more. Attorneys are not allowed to participate or attend the mediation session. Parents may be accompanied by a lay advocate.

All discussions held during the mediation are confidential and cannot be used later as evidence in a due process hearing or civil action. Mediation shall be completed within thirty (30) working days of the receipt by the department of the request for mediation. Mediation is requested by submitting the *Mediation/Due Process Request (FS-21)*.

3.1 (12) Administrative Appeal (Due Process or Individualized Child Complaint Resolution)

Families have the right to resolve, through a procedure called due process, concerns about their child's identification (eligibility), evaluation, placement or the provision of Early Intervention Services. A request for a due process hearing may arise from the proposal or refusal of a service provider to initiate or change the identification, evaluation, placement or provision of Early Intervention Services.

To initiate a due process hearing, a written request with a statement of the concerns must be submitted on the *Mediation/Due Process Request (FS-21)* to the Administrative Hearings Branch of the Cabinet for Health and Family Services. Parents are offered the opportunity to use mediation to resolve concerns before going to a due process hearing. Should the family decide that they do not want mediation services; a due process hearing will be held to review their concerns. The due process hearing will be held at a time and place that is reasonably convenient to the family. Within fifteen (15) calendar days of receipt of the request for a due process hearing, the family will be notified if a hearing is warranted. If so, the hearing will be held.

The hearing will be conducted by a hearing officer named by the Secretary of the Cabinet. This hearing officer shall be knowledgeable of services for infants and toddlers and shall not be an employee of any state agency or service providers responsible for providing Early Intervention Services to the child. There shall not be any personal or professional conflict of interest that would affect the hearing officer's objectivity in making a decision.

At the hearing, parents may be accompanied and advised by counsel and by individuals with special knowledge or training in Early Intervention Services for children with disabilities. Parents may present evidence and confront, cross-examine and compel the attendance of witnesses. At the hearing, parents may prohibit the introduction of evidence that has not been disclosed to them at least five (5) calendar days prior to the hearing. A record of the proceedings will be maintained. A written or verbatim transcription of the proceedings may be obtained.

The hearing officer will listen to the presentation of the parties involved, examine relevant information and reach a timely resolution. Both parties will receive a copy of this decision in writing. If parents disagree with the final decision, they have the right to bring civil action. This action may be brought in a state or federal district court.

During these proceedings, unless otherwise agreed to by the parents and the agency, the child will continue to receive the Early Intervention Services that were being provided at the time the request for due process hearing was made.

3.2 Complaints to the State Lead Agency

Any individual may file a complaint if they feel that a lead agency, public agency or early intervention provider has violated the requirements of Part C of the Individuals with Disabilities Education Improvement Act of 2004 by submitting the *Complaint Form (FS-20)*. The party filing the complaint must also forward a copy of the complaint to the entity that the allegations involve.

The complaint must be in writing and include:

- (1) a statement that the State Lead Agency, Point of Entry or early intervention provider has violated a requirement of state or federal law;
- (2) the facts on which the statement is based; and
- (3) the signature and contact information for the complainant.

If the complaint alleges violations regarding a specific child, the following must be included:

- (1) the name and address of the child;
- (2) the name of the early intervention provider serving the child;
- (3) a description of the problem concerning the child, including facts relating to the problem;
- (4) proposed resolution of the problem and available to the party at the time of filing of the complaint; and
- (5) the complaint must allege a violation that occurred not more than one (1) year prior to the date that the complaint was received.

The complaint is investigated and resolved within sixty (60) calendar days and a written decision that addresses each allegation in the complaint with finding of fact conclusions and the reasons for the Department's final decision will be sent to the party filing in the complaint.

Procedural Safeguards: Parent Prior Written Notice and Consent Requirements

Initial IFSP					
Procedural Safeguards Associated with Initial IFSP	Prior Written Notice Required		Written Consent Required		First Steps Form
	YES	NO	YES	NO	
Surrogate Parent Identification of Need		✓		✓	FS-23A
Notice for Use of Medicaid (if applicable)	✓			✓	FS-12B
Notice & Consent for Use of Private Insurance	✓		✓		FS-12A
Notice of Confidentiality, Privacy Practices & Records	✓			✓	FS-29
Notice of Transition	✓			✓	FS-11
Notice of Referral to LEA/KDE (<i>for children 2 years, 10 1/2 months or older only</i>)	✓			✓	FS-3
Notice & Consent for Release of Child Outcome Data to the Kentucky Center for Education and Workforce Statistics (KCEWS)	✓		✓		FS-6
Initial Screening, Evaluation & Assessment (includes Record Review if necessary for eligibility determination)	✓		✓		FS-8
Initial Discipline Specific Assessment (conducted as part of the initial evaluation for eligibility)	✓		✓		FS-8
Determination of Ineligibility; refusal to develop an IFSP	✓			✓	FS-9
Initial Early Intervention Service	✓		✓		FS-15

Procedural Safeguards: Parent Prior Written Notice and Consent Requirements

Six Month and Requested Review IFSP					
Procedural Safeguards associated with Six (6) Month IFSP Review Meeting or Requested Review IFSP Meeting	Prior Written Notice Required		Written Consent Required		First Steps Form
	YES	NO	YES	NO	
Revision of Outcome (only if no change to early intervention services)		✓		✓	
Add new Early Intervention Service	✓		✓		FS-9 FS-15 FS-12A (if insurance is payor source)
Increase frequency, length, duration, intensity, and/or method of Early Intervention Service	✓		✓		FS-9 FS-15 FS-12A (if insurance is payor source)
Decrease frequency, length, duration, intensity, and/or method of Early Intervention Service (includes ending an Early Intervention Service)	✓			✓	FS-9
Intensive Level Evaluation (if not conducted as part of initial evaluation)	✓		✓		FS-30
Record Review (for service exception)	✓		✓		FS-30

Procedural Safeguards: Parent Prior Written Notice and Consent Requirements

Annual IFSP					
Procedural Safeguard Associated with Annual IFSP	Prior Written Notice Required		Written Consent Required		First Steps Form
	YES	NO	YES	NO	
Notice of Action for Annual Eligibility Determination (60 days prior to annual IFSP date)	✓			✓	FS-18
New or Revised Outcome	✓			✓	FS-18
Notice for Use of Medicaid (if applicable)	✓			✓	FS-12B
Notice & Consent for Use of Private Insurance (if insurance is payor source for any service)	✓		✓		FS-12A
Notice of Confidentiality, Privacy Practices & Records	✓			✓	FS-29
Notice of Referral to LEA/KDE (<i>for children 2 years, 10 1/2 months or older only</i>)	✓			✓	FS-3
Notice of Transition (if appropriate)	✓			✓	FS-11
Notice & Consent for Release of Child Outcome Data to the Kentucky Center for Education and Workforce Statistics (KCEWS)	✓		✓		FS-6
Discipline Specific Assessment (if needed for re-determination of eligibility)	✓		✓		FS-7
Intensive Level Evaluation (if needed for re-determination of eligibility)	✓		✓		FS-30
Record Review	✓		✓		FS-30
Determination of ineligibility/refusal to develop an IFSP	✓			✓	FS-9

Chapter 4: Kentucky's System of Payments

Early Intervention Services are costly and depend upon a variety of funding sources for support. The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires that Part C be the payor of last resort and requires that Part C funds only be used for Early Intervention Services that an eligible child needs but is not currently entitled to under any other federal, state, local or private source. First Steps uses a variety of public and private resources to support the costs for early intervention services.

All resources for payment are explored prior to the use of early intervention funds and include:

- (1) Family Share Participation Fee;
- (2) Public health insurance (Medicaid);
- (3) Private health insurance;
- (4) State First Steps funds; and
- (5) Federal Part C funds.

Families are a part of the team who determine what Early Intervention Services are needed to address the outcomes on the IFSP and the needs of the child. Service Coordinators are responsible for obtaining financial information from the family and ensuring that funding sources for each Early Intervention Service is identified. Certain services are provided by First Steps at no cost to families. These core services include:

- (1) screening (Child Find activities);
- (2) service coordination;
- (3) evaluation and assessment;
- (4) IFSP development; and
- (5) implementation of procedural safeguards.

4.1 Notice of System of Payments

First Steps is required by law to provide a *Notice of System of Payments (FS-48)* to all families referred for early intervention services. POE staff are required to provide the *FS-48*:

- (1) during the child's enrollment; and
- (2) annually between April 25th and May 5th once the Federal Poverty Guidelines are updated.

4.2 Ability to Pay

All families enrolled in First Steps are assessed for ability to pay. Ability to pay is the determination of a family's financial ability to help with the cost of Early Intervention Services.

During the process of determining ability to pay, families are informed of their right to refuse any service, their right to have the Family Share cost assessed and their right to refuse consent for billing private insurance. Additionally, families are informed of the services provided at no cost to them.

Inability to pay is the determination that a family is not able to help defray the cost of Early Intervention Services. Placement on the sliding fee scale at \$0 indicates an inability to pay.

Families can request a review of their ability to pay when there is a change in income or increased family expenses due to the illness or hospitalization of the First Steps enrolled child. Depending upon the results of the review, the Family Share Participation Fee might be lowered, suspended or waived. Families must complete the *Family Share Extraordinary Family Expenses Worksheet (FS-24)* which is submitted to the Family Share Administrator (FSA) at the State Lead Agency.

4.3 Financial Verification

One of the duties of the Service Coordinator is to explain the financial responsibilities in First Steps and to collect financial information when conducting intake activities. This information is used to determine the family's ability to pay.

- (1) Family documentation of income and allowable expenses occur upon entry to First Steps, Six (6) Month Review, Annual Review and at other times when requested by the family.
- (2) The Service Coordinator determines the members of the family by using the following definition: "Family" means a basic social unit consisting of parent(s) and their children living together in a household.
***Note:** Unborn children cannot be counted as a member of the household until they are born.
- (3) The Service Coordinator collects the family income information in one (1) or more of the following ways:
 - (a) The Service Coordinator notes the most recent U.S. Income Tax Return for the Adjusted Gross Income of each member identified in the family to verify a sum total of the family income. If the U.S. Income Tax Return cannot be produced, the federal taxable gross column on the last four (4) consecutive or last two (2) bi-monthly pay stubs of each identified family member who has income will be used to calculate and verify the sum total of the family income;
 - (b) If the identified members have income that does not require tax returns, then it cannot be counted as income and does not have to be recognized;
 - (c) If the child has a Kentucky Medical Card or KCHIP, the household income is verified; and/or
 - (d) A notarized letter of income verification shall be supplied by the employer when a pay stub or tax return cannot be produced.
- (4) Any of the identified family members may have their income verified by the FSA located at First Steps State Lead Agency, by completing the Financial Assessment Verification (FS-13) instead of verification by the Service Coordinator.
- (5) Failure or refusal to submit family income for verification will result in a \$400 Family Share Participation Fee.

4.4 Family Share Participation Fee

Family Share is one (1) category within the First Steps system of payments. Family Share requires families who are determined to have an ability to pay a participation fee to help defray the cost of their early intervention services. Based on the family's size, family income and using a sliding fee scale; First Steps calculates the payment amount and compares it to the annual federal poverty guideline. The amount of the fee is not related to the number or frequency of services received by the child. During the child's enrollment in First Steps, the family is obligated to pay the Family Share Participation Fee. This monthly participation fee begins the same month Early Intervention Services start and continues until the month of the last session. Family Share Participation Fee stops the month a child becomes deceased.

Monthly invoices for Family Share Participation Fees are generated based upon the early intervention services billing data.

4.4 (1) Calculation of Family Share

Using the total number of identified members of the family and the sum total of the verified earned income of the identified family members, the Service Coordinator calculates the applicable monthly payment fee using the current published First Steps Family Share Sliding Fee Scale. The scale ranges from \$0 to \$400 per month.

On the financial support page in TOTS, the Service Coordinator enters the family size and income. For families temporarily living with friends or relatives, the family size and income is based upon the family size and income that is reported on federal tax forms of the parents.

If at any time during the duration of the IFSP the financial information is updated, the Service Coordinator forwards the revised financial information via email or fax to the FSA located at the First Steps State Lead Agency.

4.4 (2) Family Share and Multiple Children in First Steps

Families will pay the fee based on one (1) child only, regardless of how many siblings are enrolled in First Steps.

4.4 (3) Family Share and Medicaid (public insurance)

Per the contract between First Steps and Medicaid, families whose children are covered with Medicaid are not charged a Family Share Participation Fee. Financial verification must be completed as discussed in section 4.3.

When the child's Medicaid coverage ends or lapses, a Family Share Participation Fee will be charged to the family based upon the information gathered through financial verification. The fee will be charged for the period of time the child has no Medicaid coverage.

4.4 (4) Joint Custody Family Share Calculation

To determine the Family Share Participation Fee in a case of joint custody, verify the income and family size of the parent who is the responsible party regarding the child's educational and medical care.

4.4 (5) Family Share Calculation for a Child in Foster Care

Children who are verified as wards of the state shall be entered as family size of one (1) and income of \$0 on the financial page in TOTS. Children in foster care and whose parents have not had parental rights terminated shall be entered as family size of one (1) and income of \$0 on the TOTS financial page.

4.4 (6) Family Share and Families on Active Military Duty at Fort Campbell or Fort Knox

Families who are on active duty assigned to Fort Campbell or Fort Knox and are on the waiting list for base housing may have Family Share Participation Fees waived. Complete the *Family Share Temporary Suspension or Waiver Request (FS-25)* and attach the official letter from the base documenting that the family is on the waiting list for housing. Fees may be waived for three (3) consecutive calendar months. At the end of that period, if the family continues to be on the waiting list, the form and letter are resubmitted for approval.

4.4 (7) Family Share Fees and Consent to Bill Insurance

Families with both a Family Share Participation Fee and private health insurance may choose to waive the Family Share Participation Fee as long as the consent for insurance is active. If the parent withdraws consent to bill insurance, the Family Share Participation Fee will be reinstated.

Ability to pay must be assessed before consent can be given to bill insurance. If a parent refuses to verify family income then a \$400 Family Share Participation Fee will be assessed to the family, regardless of the consent to bill private insurance.

4.4 (8) Family Hardship Review

Family Share is not intended to place undue hardship on the family. If the family reports that they are unable to pay their identified Family Share Participation Fee, then consideration is given to either reducing or eliminating the fee by:

- (1) Completing a *Family Share Temporary Suspension or Waiver Request (FS-25)*, explaining the situation to the FSA at the First Steps State Lead Agency and recommending delay. Eligibility for suspension is in increments up to three (3) consecutive calendar months. This request is available for families experiencing:
 - (a) illness or hospitalization by the participating child;
 - (b) loss of employment that significantly reduces the family income; or
 - (c) effects of natural disasters (flood, tornado, ice storm, etc.) that significantly impact family income.
- (2) Completing a *Family Share Extraordinary Family Expenses Worksheet (FS-24)*. Eligibility for suspension is in increments up to three (3) consecutive calendar months.

4.4 (9) Suspension of Family Share

The Family Share Participation Fee can be suspended for the following reasons:

- (1) Approval of a valid *Family Share Temporary Suspension or Waiver Request (FS-25)*;
- (2) Verification of bankruptcy; or
- (3) Approval of a valid *Family Share Extraordinary Family Expenses Worksheet (FS-24)*.

4.5 Use of Medicaid for Payment of Early Intervention Services

4.5 (1) Children Covered by Medicaid Only

Families who have a child who is potentially eligible for Medicaid are encouraged to apply for this public insurance; however, families cannot be compelled to enroll in Medicaid in order to receive early intervention services. Service Coordinators must check that the Medicaid coverage is current and encourage families to re-apply for Medicaid when eligibility expires. The Service Coordinator must also verify if the child is covered by both Medicaid and private health insurance.

Families whose child is enrolled in Medicaid, including KCHIP, must be given notice that Medicaid will be billed as a payor source for their child's services. This is accomplished by giving the family a copy of the *Notice for Use of Medicaid (FS-12B)*. Service Coordinators must explain the following information to the family:

- (a) First Steps cannot require the family to enroll or re-apply for Medicaid in order to receive First Steps services;
- (b) The use of Medicaid for First Steps services will not result in:
 - 1. a decrease in the available lifetime coverage or any other insured benefits for the child;
 - 2. costs to a parent for a service that is otherwise covered by Medicaid;
 - 3. an increase in premiums or discontinuation of public benefits or insurance for the child; or
 - 4. loss of eligibility for the child or that child's parent for home and community-based waivers based on aggregate health-related expenditures; and
- (c) There are no costs to the family for co-payments or deductibles for the First Steps services billed to Medicaid.

4.5 (2) Children Covered by Both Private Insurance and Medicaid (Dually-Covered Child)

Medicaid requires that private insurance be billed first when a child is covered by both private insurance and Medicaid. Under IDEA, parents have the right to deny consent for billing private insurance. When a parent of a dually-covered child refuses to allow insurance to be billed, First Steps will use other funding sources to pay for early intervention services. Income verification must be conducted and all information for both insurance and Medicaid must be entered on the Financial Screen in TOTS. TOTS must have both the Medicaid number and private insurance information in order to not bill a claim to Medicaid.

4.6 Use of Private Insurance for Payment of Early Intervention Services

Service Coordinators must review the benefits of using private insurance for early intervention services. These benefits include that the claims may be applied to annual deductibles, First Steps covers the co-pays and families will not lose any lifetime benefits of the policy. The parents must consent to the use of private insurance by completing the *Notice & Consent for Use of Private Insurance (FS-12A)*.

Families must provide consent to use private insurance each time an early intervention service frequency, length, duration or intensity is increased. Service Coordinators will obtain the consent at each IFSP meeting where a new IFSP is generated (Requested Review, 6-Month Review and Annual IFSP). Service Coordinators must enter the policy holder's demographic information on the parent screen in TOTS.

When a family consents to billing their private insurance and receives a payment for the First Steps services, they must submit that payment to the provider who rendered the service. If the parent keeps the insurance payment and does not pay the provider, the amount of that payment will be added to the balance of the Family Share account. If the Family Share Participation Fee was waived because the parent agreed to allow billing insurance and the family has kept the payment from insurance, a Family Share Participation Fee will be instituted for the amount of the insurance payment. The provider may also take actions to collect the payment.

There is no penalty for refusing consent for the billing of insurance.

The Service Coordinator collects information regarding the family's insurance and enters the information into TOTS. This information must be entered accurately. This information is also collected if the family holds a secondary insurance policy.

4.6 (1) Procedures for Changes in Insurance

Family loses insurance coverage	<ul style="list-style-type: none">• Service Coordinator will contact the family to verify the lapse of coverage and obtain new policy information if there is a change in insurance.• Service Coordinator will archive the existing insurance information on the financial page in TOTS.• Service Coordinator will enter new insurance policy on the financial page in TOTS. There is no change to planned services.• If there is no available insurance, the Service Coordinator must change planned services to reflect the change in payor source.
Insurance caps for service coverage have been used	<ul style="list-style-type: none">• State Lead Agency billing staff changes payor source once an EOB is received that indicates no coverage. This will be documented in the Account Payable note section so that providers are aware of the change.• This type of approved denial is good through the life of the IFSP. Once new IFSP is developed, providers will need to obtain a new denial.

Chapter 5: Referral

Children referred to the POE are processed through intake. Referrals may be written or verbal, or sent through the online professional referral portal. Referrals may originate from parents or anyone concerned about a child's development. In the case that the parent did not self-refer, the POE staff confirms that the parents know the referral was made to the POE.

Referrals are accepted for children who meet the following criteria:

- (1) Child is under the age of three (3) years;
- (2) Child is a resident of Kentucky and lives within the POE geographic region or is homeless and located within the boundaries of the Commonwealth of Kentucky; and
- (3) Child is suspected to have an Established Risk Condition or a significant developmental delay; or
- (4) Child is the subject of a substantiated case of child abuse or neglect; or
- (5) Child is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

5.1 Referral

- (1) Each POE shall have staff designated to process all referrals. POE staff shall contact the family within five (5) working days of receipt of the referral. Individuals interested in services for a child must provide the following information:

Age of child	Must be under three (3) years of age
Prematurity status	Gestational age (or # of weeks born early) determined by parent or referral source report
Location/address of residence	Must be within Kentucky boundaries
Primary language	Must identify if an interpreter is needed
Possible Established Risk Condition	Identification of the possible condition
Parent(s) name or guardian	Verify that person meets the definition of a parent using the <i>Surrogate Parent Identification of Need (FS-23A)</i> . Only the individual who is legally authorized to make educational decisions can sign consents for screening and initial evaluation
Telephone number	If no telephone number, identify alternative way to contact family
Financial Status	Private insurance and Medicaid coverage must be ascertained at this point but the insurance policy or Medicaid number may be entered later if referral source does not have this information.

5.1 (1) Late Referrals to the POE

Children within the age range of two years, ten and one-half months (2 yrs., 10.5 mo.) to three (3) years of age are not accepted as a referral for First Steps due to the inability to determine eligibility within timelines prior to aging out at age three (3). The referral has been made forty-five (45) days or less from the child's third birthday. If the referral is not from the parent, verify if the parent is aware of the referral to First Steps.

State and federal regulations require that the State Education Agency be notified of referrals to the Local Education Agency (LEA) of children who are potentially eligible for special education and related services (Part B of the IDEA). Parent consent is required to make the referral to the LEA for children who are not in First Steps services.

The POE must notify the parent in writing that due to the child's age at time of referral, there will be no evaluation to determine First Steps eligibility by using the *Notice of Referral to LEA/KDE (FS-3)*. With consent, the POE is responsible for referring the parent to the appropriate school district or other community resource such as Head Start to inquire about services for the child at age three (3).

***Note:** If the child is potentially eligible for special education (Part B services), with parent consent, the POE must also notify the Kentucky Department of Education (KDE). This can be accomplished by sending a copy of the *Notice of Referral to LEA/KDE (FS-3)* to KDE.

Late referral procedures:

- (a) Open a record on TOTS (complete the following pages: demographic, referral, parent, transition and communication log);
 - (b) Mail a copy of the *Notice of Referral to LEA/KDE (FS-3)* explaining why the POE is not evaluating the child to the parent;
 - (c) Fax the *Notice of Referral to LEA/KDE (FS-3)* to the designated LEA and KDE if parent consents;
 - (d) Close the case on the transition page; and
 - (e) Select "Part B Eligibility Not Determined-Late Referral" as the exit reason.
- (2) Prior to adding a child to TOTS, POE staff shall check TOTS for a current record by selecting Search/Add Child on the POE home page. Search "All Across State" using either the child's name or date of birth.

If a record is found in TOTS:

- (a) verify same child; and
- (b) check for inactive or active status:
 1. if the case is active, document in the Communication Log that a referral was received and any relevant information from the new referral;
 2. if the case is active in another POE district the POE staff will contact that POE office to request a transfer of the record;
 3. if the case is inactive, POE staff will reactivate the record and verify the phase of the process the child is in;
 4. if the child's record is inactive in another POE district, the POE staff will contact that POE office to request a transfer of the record.

If no record is found in TOTS:

- (a) Select "Add New Child", and
 - (b) Complete the demographic, referral and parent screen as appropriate.
- (3) Once the referral information is entered into TOTS, an early intervention record is created. An authorization for a Service Coordinator must be created to move forward through the referral process. One (1) authorization for Initial Service Coordinator is entered as the following:
- (a) Start Date: this is the date the SC takes the referral;
 - (b) End Date: this is the date of the forty-five (45) day deadline;
 - (c) Intensity: Individual;
 - (d) Setting: Other (SC Office/etc.);
 - (e) Frequency: 1 X Biannually
 - (f) Length: 25 hours; and
 - (g) Note: enter a note to state services will be provided through a combination of face-to-face and phone contacts.
- (4) POE staff shall attempt to contact the family by phone to verify the family is aware the referral has been made, provide an overview of the First Steps program and determine if the family is interested in moving forward with the referral.

If contact is made and the family is interested in moving forward, POE staff must complete the *Surrogate Parent Identification of Need (FS-23A)* to determine if assignment of an educational surrogate parent is needed.

If the POE staff is unable to contact the parent by phone the *Unable to Contact Referral Letter (FS-4)* should be mailed to the parent. If the parent does not respond within ten (10) calendar days of the date of the letter, the file is closed. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Attempts to Contact Unsuccessful" from the Exit/Close Reason drop-down menu.

If contact is made and the family is not interested in participating in First Steps, the refusal of services is documented on the Transition page in TOTS by entering the exit date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu. A note with the reason for case closure can also be added to the note box at the bottom of the Transition/Exit Information page.

5.1 (2) Educational Surrogate Parent

Under IDEA, the lead agency (POE) must establish who has the legal authority to make educational decision for all children referred for services. The *Surrogate Parent Identification of Need (FS-23A)* is completed for all children at the time of referral. The child's status and need for an education surrogate must be appropriately documented on the Demographic page. Items twelve (12) "Does this child have open case with DCBS/DPP?", thirteen (13) "Is child currently in home or out of home?" and fourteen (14) "Child requires an educational surrogate parent?" must be completed for all children. If there is a restriction of parental rights item eleven (11) "Parent Restriction of Rights:" and "Reason Right Restricted" must be completed as well. Any restriction due to custody, commitment, or guardianship must be noted in this box with the copies of the appropriate court orders in the child's hard copy file. POE staff can refer to the "At-A-Glance: Educational Surrogate Parent" guide for assistance in completing the *Surrogate Parent Identification of Need (FS-23A)*.

If it is determined a surrogate parent is needed, the POE must follow the steps outlined in Section 5.1 (2) (c).

5.1 (2) (a) Children Under the Protection of the Department for Community Based Service (DCBS), Division of the Protection and Permanency (DPP)

The assigned DCBS caseworker is prohibited from making educational decisions (give consent) or serve as a surrogate parent for a child in the in the custody of the Cabinet that is eligible for IDEA services. While the DCBS caseworker may not make educational decisions for the child, it is recommended that the caseworker be invited to attend all IFSP meetings for the purpose of facilitating the provision of services identified by the IFSP team members to meet the child's educational needs. The Service Coordinator shall ensure a copy of each IFSP is provided to the assigned DCBS caseworker.

If the DCBS caseworker is the referral source but does not provide information regarding the child's status (parental rights intact; parental rights terminated; child in relative placement; child in foster care) POE staff shall send the *Referral Information Request for Caseworker (FS-23D)* to the referring caseworker. If the form is not returned ten calendar days from the date mailed the file is closed. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Attempts to Contact Unsuccessful" from the Exit/Close Reason drop-down menu.

5.1 (2) (a) 1. Children in Foster Care when Birth Parent Rights Have Been Terminated

When parental rights have been terminated and the child is a ward of the state and residing in a state appointed foster home, an educational surrogate parent is required. The foster parent shall be appointed as the surrogate parent following

the steps outlined in Section 5.1 (2) (c). The Service Coordinator shall obtain a copy of the court order and place it in the hard copy record of the child.

5.1 (2) (a) 2. Children in Foster Care when Birth Parent Rights Have Not Been Terminated

The DCBS worker may recommend to the birth parent(s) that written consent be given for the foster parent to serve as a co-parent. This would allow the foster parent to provide educational decisions in the event that the birth parent is not available to give consent for services or cannot attend IFSP meetings. This helps ensure that the child's educational needs are not disrupted while the child is placed in out of home care. The POE staff must ensure that the birth parent is provided the opportunity to provide consent for actions that require parental consent, invited to all meetings, and encouraged to participate in the educational process.

If the birth parent agrees to allow the foster parent to co-parent in regards to educational decisions for the child, they complete a DCBS form, the DPP-330 Educational Advocacy Request Form. A copy of the DPP-330 must be obtained from the DCBS case worker prior to the first action requiring parental consent and maintained in the child's early intervention record. A DPP-330 signed by the DCBS worker is not valid and cannot be used by the POE to allow the foster parent to give consent for services. A DPP-330 that list an agency (i.e. Benchmark Services) and not the individual who the parent has agreed to co-parent is not valid and cannot be used by the POE.

If a DPP-330 is not available but the DCBS worker is able to provide a last known address or phone number for the biological parent, POE staff must make at least two (2) attempts to contact the parent. If POE staff is able to make contact with the parent they shall provide an overview of the First Steps program and ask if the parent is interested in moving forward with the referral.

If the parent is interested in moving forward with the referral but is not available to give consent or attend meetings, POE staff shall mail the *Parent Designation of Educational Decision-Making (FS-23C)* and the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure to the address provided by the parent. If this form is not returned to the POE by the return date listed on the form, POE staff can move forward with surrogate parent appointment process outlined in Section 5.1 (2) (c).

If the parent states they do not want their child to receive services the POE must honor the refusal of First Steps services and close the record. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu.

All correspondence regarding this process must be documented in the Communication Log or Service Log in the child's record.

5.1 (2) (b) Children Not Under the Protection of DCBS/DPP

Children may not be under the care of the birth parent for reasons unassociated with the formal care of DCBS and whose parent's rights have not been terminated. The POE must first determine if the caregiver has any written statement from the parent or has court documents placing the minor child in their care that give the caregiver authority for educational decisions. A copy of the statement must be placed in the child's record. An Educational Surrogate Parent is not required.

However, if the caregiver does not have a statement of educational decision-making authority, the POE must attempt to locate the parent. POE staff must document at least two (2) attempts to contact the parent. If POE staff is able to make contact with the parent, they shall provide an overview of the First Steps program and ask if the parent is interested in moving forward with the referral. POE staff shall mail the *Parent Designation of Educational Decision-Making (FS-23C)* and the *Parent's Rights in Kentucky's Early Intervention System: First Steps* brochure to the address provided by the parent. If this form is not returned to the POE by the return date listed on the form, POE staff can move forward with surrogate parent appointment process outlined in Section 5.1 (2) (c). If the parent states they do not want their child to receive First Steps services, the POE must honor the refusal of First Steps services and close the record. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu.

5.1 (2) (c) Surrogate Parent Assignment

Once it has been determined that a surrogate parent is needed, the POE staff shall send the *Educational Surrogate Assigned Request (FS-23B)* to the potential surrogate parent. Once this form is signed and returned to the POE, it shall be faxed to the SLA for review and signed approval. The sending of this form shall be documented in the Communication Log in TOTS. The SLA has thirty (30) calendar days from the date of receipt of the request to sign approval. If approved, the SLA will return the signed form to the POE by either fax or secured email. If not approved, the SLA will discuss the reasons for not approving the request with the appropriate POE staff and will hold the request for ten (10) calendar days if additional information is needed. Once that information has been obtained, the POE shall notify the SLA staff person holding the request that this additional information is documented in the Communication Log in TOTS. SLA staff will review the file and provide signed approval as appropriate.

Once a surrogate parent has been assigned, should there be a change in the caregiver for the child a new *Educational Surrogate Assigned Request (FS-23B)* must be completed before consent can be obtained for further action.

***Note:** From this point forward all references to "parent" throughout this manual shall refer to either the biological parent or an individual appointed as an educational surrogate parent.

- (5) The POE staff must also determine need for interpreter services as part of the initial contacts with the parent in addition to the determination of the educational decision making authority for the child.

5.1 (3) Language Access: Native Language

The Cabinet for Health and Family Services (CHFS) requires all programs within the Cabinet to ensure language access services for individuals with Limited English Proficiency (LEP) to have meaningful participation in the programs offered by CHFS. In First Steps, this can be accomplished by the Service Coordinator or Early Intervention Provider having the skills to communicate effectively with the family or through the use of a CHFS qualified language interpreter. Language access services must be provided as needed for all services provided in First Steps. Qualified interpretation services must be provided without unreasonable delay and at no cost to the family. First Steps is responsible for providing qualified interpreting services for only those services provided or funded through First Steps. The Commission for Children with Special Health Care Needs (CCSHCN) serves as the fiscal agent for language access services in First Steps.

5.1 (3) (a) Procedures for Ensuring Language Access

Every POE office should display an *"I Speak" Language Selection Card*, used to indicate what language is spoken. In addition, all POE staff who conduct home visits should carry *"I Speak" Language Selection Cards* to use with the family to determine what language is

the primary language for communication and if different, what language is used for learning.

5.1 (3) (a) 1. POE Process for Providing Language Access for Contacts with Families

All interpreting services will be provided through use of a CHFS qualified interpreter who is under contract with the CSHCN.

- a. Interpreting services are provided at no cost to the family. Families should be given a copy of the Know Your Rights brochure, available in the forms section of this manual.
- b. Information regarding the need for and type of interpreter will be documented in TOTS. The POE staff will indicate this on the demographic screen by choosing the appropriate language for TOTS items number eight (8) "Language Used at Home" and number nine (9) "Preferred Language/Instruction". Documentation of the language used for learning must be accurate to ensure meaningful access to services.
- c. All children who have "Interpreter is needed" checked in TOTS item number eight (8) must have an interpreter. Documentation must be accurate.
- d. If the child and family require interpreting services and the Service Coordinator or Early Intervention Provider is not bilingual, an interpreter will be assigned by the POE staff before any First Steps service begins. This may be at the point of referral for some children.
- e. POE staff must choose an interpreter from the list of CSHCN contracted interpreters. The CSHCN cannot pay anyone who does not hold a valid contract with the CSHCN.
- f. Once the need for language access by an interpreter is established, POE staff will contact a CSHCN interpreter to schedule services. The CSHCN interpreter then contacts the designated contact at CSHCN.
- g. If a family refuses a specific interpreter, CSHCN staff will attempt to find a replacement, but does not guarantee a replacement.

5.1 (3) (a) 2. Waiving Rights to an Interpreter

Families are not asked to use other family members or friends for interpreting. If the person with LEP declines free interpreting services and asks to use a relative or friend, staff must document in the child's file that the interpreting services were declined. The parent must sign the *Waiver of Interpreter Services (FS-34)* and the decision is recorded in TOTS on the Demographic Screen, number eight (8) "Language Used at Home" and "Interpreter is waived" must be selected. A copy of the *Waiver of Interpreter Services (FS-34)* is given to the family with the signed original maintained in the child's hard file. The waiver of interpreter services may be rescinded at any time. The assessment of the child must be conducted in the native language of the child. Parents cannot decline an interpreter for the purpose of completing the assessment.

5.1 (3) (a) 3. Provider's Process for Providing Language Access for Contacts with Families

Early Intervention Providers, as independent contractors for First Steps, are responsible for providing language access for all children and families they serve. The State Lead Agency (SLA) will cover this cost of interpreter services for Early Intervention Providers at this time. This is not an obligation of the SLA.

- a. Early Intervention Providers must document that interpretation was provided by choosing one (1) of the options on the service log screen. In the drop-down list under "Interpreter", the first three (3) choices indicate specific situations; only choose one (1) of these if it applies to the date of service being entered:
 - i. No show by Interpreter;

- ii. Provider/SC as Interpreter; or
 - iii. SC without Interpreter needed.
- b. The fourth option on the drop-down list begins the listing of Interpreters. When the interpreter was present for the delivery of the service, select the correct Interpreter from the list.
- c. If the provider cancels the scheduled appointment, there must be at least twenty-four (24) hour notice provided to the interpreter assigned to the family.

5.1 (4) Communication with the Referral Source

All information obtained by the POE staff during the referral process is considered confidential under the Family Education Rights and Privacy Act (FERPA) and IDEA. Any information about the referral cannot be given to the referral source without signed parental consent for the release of information.

The POE must obtain consent from the family to share child specific information with the referral source, if that source provides ongoing services to the child and is important to the continuity of the child's care. Should the family refuses to provide consent to the POE, no information can be shared. It is the responsibility of the referral source to seek consent from the family and provide a copy of the signed consent for release of information to the POE.

The *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* includes a provision to share results of the screening, evaluation and assessment with the referral source. All children should have a consent to share information with their primary care physician. POE staff needs to inform parents of the benefits of sharing information so that the care of the child is comprehensive and not duplicative.

Once the family gives consent, POE staff sends the *Parent Consent to Share Information Referral Letter (FS-40)* and the information permitted by the parent to the referral source.

5.2 Screening

All families referred to First Steps and interested in screening or evaluation must be provided a screening packet that contains at a minimum the following:

- (1) *Screening Cover Letter (FS-44)*;
- (2) *Notice of Confidentiality, Privacy Practices and Records (FS-29)*;
- (3) *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*;
- (4) *Notice of System of Payments (FS-48)*;
- (5) *Notice for Use of Medicaid (FS-12B)* (if applicable);
- (6) *Consent to Release/Obtain Information (FS-10)*;
- (7) Parents' Rights in Kentucky's Early Intervention System: First Steps brochure;
- (8) Helping Children Develop and Succeed...One Step at a Time brochure; and
- (9) Screening, Evaluation & Assessment brochure.

***Note:** Parents have the right to decline the screen and request an evaluation (by giving consent to the evaluation). In these instances, the child is assigned a Service Coordinator who will proceed with intake activities necessary to facilitate the evaluation.

5.2 (1) Using Screening Results from Primary Referral Sources

POEs may use screening results from primary referral sources that are based on a published screening tool and that appear to be complete. The POE staff reviews the screening information and checks that it is complete. Checklists that are created by the primary referral source are not acceptable. The POE must have a copy of the screening results (scores) for each domain. It is recommended that the POE obtain a copy of the completed protocol. Screening information accepted from other sources must include:

- (a) Date of screening: the screening must be current within thirty (30) days;
- (b) Name of individual administering the instrument; and
- (c) Results of the screening in each domain measured by the instrument.

Screening results from outside sources may be accepted by the POE without parental consent if the screening is complete. However, if the results indicate need for specialized screening (such as the STAT) or need for an evaluation, consent for these actions are required.

If the POE has to score a screening received from an outside source, there must be a signed *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* on file.

The POE must screen the child following the procedures outlined in this chapter anytime outside screening is not accepted by the POE.

5.2 (2) Screening for Children Referred due to an Established Risk Condition

Children referred due to a suspected Established Risk condition are not automatically screened by the POE. POE staff shall contact the family and obtain consent to request the child's medical records and send the *Health Information for Eligibility (FS-22)* to the child's physician to confirm the Established Risk condition.

POE staff should allow at least five (5) working days for the return of the *FS-22*. The POE will contact the physician's office to encourage timely return of the form. Emphasis should be made that this information will facilitate the timely determination of eligibility for First Steps services.

Upon verification of the Established Risk condition, no screening instrument is administered. A Service Coordinator is assigned to the referral and the DCES conducts the 5AA. The diagnosis is entered as part of the health assessment on the evaluation and assessment screen in TOTS.

Should the child not have an Established Risk condition, the POE proceeds with screening using the procedures for a child suspected of a developmental delay.

5.2 (3) Screening for Children Suspected of a Developmental Delay

All children referred due to concerns that there is a developmental delay are screened using the Ages and Stages Questionnaires, Third Edition (ASQ-3) appropriate for the age of the child. The Ages and Stages Questionnaires: Social-Emotional (ASQ: SE), appropriate for the age of the child, is administered when there are concerns about behavior or other social emotional concerns, or the child is involved with DCBS. Subsequent actions depend upon screening results.

Written parental consent must be obtained at least five (5) working days before conducting any screening. Consent is obtained on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*.

5.2 (3) (a) Screening By Mail

If screening is completed by mail a *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* is sent with the appropriate screening protocol for the child's age. The additional required notices are included in the screening packet (see section 5.2). The DCES may not contact the family to complete and score the protocol until the POE receives the signed consent. Should a family mail the completed protocol to the POE without including the signed consent, the protocol cannot be scored until the written consent is obtained.

Written consent must be obtained no later than ten (10) calendar days from the date mailed. If the consent has not been returned by the tenth day, the POE closes the file. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Attempts to Contact Unsuccessful" from the Exit/Close Reason drop-down menu.

5.2 (3) (b) Screening by Face-to-Face

If the parent comes to the POE office to complete the screening process, the parent must sign the *FS-8*. POE staff gives the parent the choice to complete the screening or wait

the five (5) working days from consent. POE staff must clearly document in the Service Log or Communication Log in TOTS that the parent was given the choice and how they chose to proceed. If it is determined the child will move forward to initial evaluation and the child is present at this visit, the parent can be given the choice to complete the evaluation at that time or wait the five (5) working days from the consent. The POE staff must also document this in the Service Log or Communication Log in TOTS.

There are instances when POE staff will complete screening with the parent in the home or community settings other than the POE office. The *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* must be mailed to the parent prior to the scheduled visit in order for the POE staff to complete the screening at the visit. If the FS-8 is not mailed prior to the scheduled visit, it is completed at the visit and the parent is given the choice to complete the screening or wait the five (5) working days from consent. POE staff must clearly document in the Service Log or Communication Log in TOTS that the parent was given the choice and how they chose to proceed.

5.2 (4) Screening for Children too Young for Administration of Screening Protocol

Children who are less than one (1) month of chronological age shall be assigned a Service Coordinator and move forward to evaluation if parent has consented to an evaluation on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. If parent did not consent to an evaluation, inform them that the child is too young to be screened and without consent, no further action can be taken by the POE.

Children who are less than one (1) month of corrected age shall be referred to a Neonatal Follow-up Program (NFP) with parent consent on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. The NFP will complete the screening process for the child and may administer a developmental evaluation as appropriate.

5.2 (5) Screening for Children Referred by DCBS

DCBS is required by their laws to refer children to First Steps whom have had any of the following life experiences:

- (a) Child was or is exposed to drugs;
- (b) Child tested positive for drugs at birth;
- (c) Child was or is exposed to violence in the home; or
- (d) Child is a substantiated victim of abuse or neglect.

The Child Abuse Prevention and Treatment Reauthorization Act of 2010 (CAPTA) is the primary federal legislation addressing child abuse and neglect that provides a definition of child abuse and neglect and authorizes federal funding to states in support of prevention, identification, assessment, investigation and treatment activities. Under the recent reauthorization of this law, states are mandated to report the annual number of children under the age of three (3) who are substantiated as abused or neglected that were eligible for referral, and actually referred, for early intervention services under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA).

IDEA requires states participating in Part C to accept the referral for any child under the age of three (3) who is involved in a substantiated case of child abuse or neglect or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. On the Demographic page items twelve (12) "Does this child have open case with DCBS/DPP?", thirteen (13) "Is child currently in home or out of home?" and fourteen (14) "Child requires an educational surrogate parent?" must be completed for all children. If there is a restriction of parental rights item eleven (11) "Parent Restriction of Rights:" and "Reason Right Restricted" must be completed as well. Any restriction due to custody, commitment, or guardianship must be noted in this box with the copies of the appropriate court orders in the child's hard copy file.

All children referred from a DCBS caseworker or foster parent must be screened with both the ASQ-3 and the ASQ: SE appropriate for the age of the child (ASQ: SE begins at age three (3) months; ASQ-3 begins at age one (1) month).

5.2 (6) Screening Children Suspected of Autism Spectrum Disorders (ASD)

All screening results must be reviewed by the DCES to determine if other specialized screenings are needed. Children who present with a constellation of concerns that raise suspicions of having an ASD shall, with parental consent, have a secondary screening completed using the Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F) and the Screening Tool for Autism in Toddlers and Young Children (STAT). The results of these screeners are documented in TOTS on the Screening page under number nine (9) "Scores/Results of Other Screeners".

***Note:** The FS-8 completed at intake covers consent for the M-CHAT-R/F and STAT.

Results from the M-CHAT-R/F and STAT can assist in determining need for a diagnosis of an ASD which may influence eligibility and subsequent IFSP development.

5.2 (7) Screening Results of ASQ-3 and ASQ:SE and Follow-Up Action

The screening instrument is scored and one (1) of the actions below is taken:

- (a) Results fall in the "no concerns" (Scores in the White) area; child is not evaluated unless the parent requests the evaluation.
 1. Provide the parent with a *Family Letter for Screen Passed (FS-2)* and a *Notice of Action (FS-9)* that states there will be no evaluation. Enclose the following resources: Parents' Rights in Kentucky's Early Intervention System: First Steps brochure, a list of local resources for families and children and appropriate developmental activities; and
 2. Document results in TOTS on the screening page. Close case only if family is not receiving an evaluation. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Screening Passed" from the Exit/Close Reason drop-down menu; or
 3. If parents request and consent to an evaluation:
 - a. Document results in TOTS on the screening page; and
 - b. Assign Service Coordinator who will implement the next steps for evaluation.
- (b) Results fall in both the "no concerns" (Scores in the White) area and the "monitoring" (Scores in the Gray) area
 1. If there is only one (1) domain with scores in the "monitoring" area, the child is not evaluated unless the parent requests the evaluation.
 - a. Provide parents who do not request an evaluation a *Family Letter for Monitoring Area (FS-35)* and a *Notice of Action (FS-9)* that states there will be no evaluation. Enclose the following resources: Parents' Rights in Kentucky's Early Intervention System: First Steps brochure, a list of local resources for families and children and appropriate developmental activities; and
 - b. Document results in TOTS on the screening page. Close case only if family is not receiving an evaluation. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Screening Passed" from the Exit/Close Reason drop-down menu; or
 - c. If parents request and consent to an evaluation, follow the procedures described immediately below.
 2. If there are two (2) or more domains with scores in the "monitoring" (Scores in the Gray) area, child moves forward for evaluation if parent consented to evaluation.
 - a. Document results in TOTS on the screening page; and
 - b. Assign Service Coordinator who will implement the next steps for evaluation; or
 - c. If parent did not consent to an evaluation:
 - i. Share screening results with parent; and
 - ii. Document results in TOTS on the screening page and close case. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu.

- (c) Results fall in the “referral for evaluation” (Scores in the Black) area; child moves forward to evaluation with parental consent for the evaluation.
1. Document results in TOTS on the screening page; and
 2. Assign Service Coordinator who will implement the next steps for evaluation; or
 3. If parent did not consent to an evaluation:
 - a. Share screening results with parent; and
 - b. Document results in TOTS on the screening page and close case. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select “Parent Withdraw” from the Exit/Close Reason drop-down menu.

ASQ-3 Results	ASQ:SE Results	Next Action
All in the “no concern” area	“no risk”	Do not move to evaluation unless parent requests an evaluation
All in the “no concern” area	“at risk”	Move to evaluation
Fall in both the “no concern” and only one (1) in the “monitoring” area	“no risk”	Do not move to evaluation unless parent requests an evaluation
Fall in both the “no concern” and only one (1) in the “monitoring” area	“at risk”	Move to evaluation
Two (2) or more in the “monitoring” area	“no risk”	Move to evaluation
Two (2) or more in the “monitoring” area	“at risk”	Move to evaluation
At least one (1) in “refer for evaluation” area	“no risk”	Move to evaluation
At least one (1) in the “refer for evaluation” area	“at risk”	Move to evaluation

5.2 (8) Use of Professional Judgment at Screening

A child whose screening scores do not indicate the need for an evaluation may be referred for an evaluation when:

- (a) parental concerns in a specific area of development are confirmed by further in-depth questioning of the parent;
- (b) documentation of developmental concerns that were not flagged by the screening instrument; or
- (c) documentation of behavior patterns, family history of hearing loss not reported during completion of the health screen, family history of a social-emotional disorder (i.e. older sibling who has autism) or atypical behavior not addressed by the screening instrument.

5.3 Intake

Once the referral and screening activities have been completed, a Service Coordinator is assigned. In some POEs this may require a new authorization for ongoing service coordination to be added to Planned Services. The Service Coordinator schedules the intake meeting and sends the *Initial Home Visit Confirmation Letter (FS-5)* to conduct intake activities with the family, which includes, at a minimum, the following actions:

- (1) A description of the First Steps program and services available through First Steps, including information about the evaluation and assessment at no cost to the family and IFSP development process, the consultative model of service delivery, natural environments, financial requirements related to Family Share and use of private insurance and Medicaid, program requirements to provide services that are based on scientifically-based research, the forty-five (45) day timeline, and service options that may be available upon exit of First Steps.

- (2) If child is screened by another source, the family must give written consent for the evaluation by signing the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. The notice must be provided at least five (5) working days before the evaluation can take place.
- (3) An explanation of the family's rights under Part C of the IDEA, including a description of Procedural Safeguards and options for Dispute Resolution, with a copy of the *Family Rights Handbook* provided to the family.
- (4) A review of the IDEA confidentiality rights using the *Notice of Confidentiality, Privacy Practices and Records (FS-29)* and provide the parent with a copy of the form.
- (5) The completion of the *Consent to Release/Obtain Information (FS-10)* by the parent or guardian. This form should be used to gather existing medical or developmental records, screening or evaluation reports, diagnosis information and other information. Specifically ask for consent to obtain and share information with the Early Hearing Detection and Intervention (EHDI) program, administered by CSHCN. Consents must be appropriately marked on the referral page in TOTS in section eleven (11).
- (6) Provide an explanation and obtain consent to share child outcomes data with the Kentucky Center for Education and Workforce Statistics (KCEWS) using the *Notice & Consent for Release of Child Outcomes Data to the Kentucky Center for Education and Workforce Statistics (KCEWS) (FS-6)*. The consent for the data share is listed as "Longitudinal Data System" under item twelve (12) on the Referral page in TOTS. The parent's choice must be marked either "yes" or "no" under item twelve (12) "Consents Mailed" on the Referral page.
- (7) Provide parents with a *Notice of Transition (FS-11)* and document their willingness for, or refusal of, participation of the transition process. If parent refuses transition, check the box that states "Family Refuses Participation in Transition Process" located at the top of the transition/exit screen on TOTS.

***Note:** All actions above must be documented in the service log. The documentation must be specific to the child and family.

5.4 Re-referrals

To re-activate a file, POE staff select "Search Child" button on the TOTS home page and enter the child's name. When the record appears at the bottom of the screen, POE staff will select "detail" beside the child's name to open the record.

- (1) Go to the Transition screen, scroll to the bottom to "Exit/Close Information". Remove the "Exit/Close Date" and the "Exit/Close Reason" and save the page. Once saved, the date the case was reopened, the original exit date and the original exit reason will automatically save in the "Note" section; and
- (2) On the Referral Information screen, select the "ReReferral" button at the top of the screen. This will move all previous referral information to the "Referral History" at the bottom of the screen and will allow entry of the new referral information.

***Note:** Only users with a District Administrator logon can implement procedures to reactivate a closed TOTS record.

There are many factors to consider when a child has exited the program and is then re-referred. The actions of the POE staff will depend largely on the phase the child was in at the time of exit.

5.4 (1) Pending Consents

Children in this phase have been referred for services but have not given consent to move forward.

- (a) If the ASQ screening protocol has been mailed along with the *Screening Cover Letter (FS-44)* and the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* but is not returned within ten (10) calendar days, the POE may close the record. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Attempts to Contact Unsuccessful" from the Exit/Close Reason drop-down menu. The correctly completed consent is valid if the information is returned within thirty (30) calendar days from the date of case closure. POE staff will reactivate the TOTS file, leave the original referral date and note in the Communication Log that there was a delay in receiving the screening protocol and consent from the parent. POE staff shall review the ASQ screening protocol to determine if a

new screening protocol is needed based on the current age of the child and rescreen as appropriate (a new consent is not needed). If an IFSP is developed, the delay reason will be "parent delay".

- (b) If the screening protocol and consent are returned beyond thirty (30) calendar days from the date of case closure, the consent is no longer valid. POE staff will reactivate the TOTS file and enter the new referral information. A new ASQ screening protocol and *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* must be sent to the parent to complete and return to the POE. POE staff should note in the Communication Log that this is a re-referral and a new screening protocol and consent has been sent to the parent.

5.4 (2) Screening Completed and Awaiting Evaluation

Children in this phase have a completed *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* on file, have been screened and are waiting an initial evaluation.

- (a) If the child's exit is before the evaluation is completed and is re-referred within thirty (30) calendar days from the date of exit, the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* on file is considered valid and the child is not re-screened. POE staff will reactivate the TOTS file, leave the original referral date and note in the Communication Log that a new consent and screening is not needed for the re-referral. If an IFSP is developed the delay reason will be "parent delay".
- (b) If the child's exit is before the evaluation is completed and is re-referred beyond thirty (30) calendar days from the date of exit, a new *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* and ASQ screening protocol are needed. POE staff will reactivate the TOTS file and enter the new referral information. POE staff note in the Communication Log that this is a re-referral and a new screening protocol and consent has been sent to the parent.

5.4 (3) Evaluation Conducted and Awaiting Eligibility

Children in this phase have had an initial evaluation completed but have not been determined eligible for services.

- (a) The initial evaluation shall be considered valid if the child is under age one (1) and the re-referral is within three (3) months of the date of the initial evaluation or if the child is over the age one (1) and the re-referral is within six (6) months of the date of the initial evaluation. POE staff will reactivate the file and leave the original referral date and note in the Communication Log that a new evaluation is not needed. If an IFSP is developed the delay reason will be "parent delay". If the *Consent to Release/Obtain Information (FS-10)* on file is valid, POE staff shall obtain updated medical records as applicable and move forward with eligibility determination.
 - 1. If the child is found eligible, POE staff shall obtain parental consent for the family assessment on the *Notice of Action & Consent for Assessment (FS-7)*.
 - 2. If the child is found ineligible, POE staff shall send a *Notice of Action (FS-9)* notifying the parent that the action refused is "Completion of the family assessment and development of IFSP".
- (b) The initial evaluation shall not be considered valid if the child is under the age one (1) and the re-referral is beyond three (3) months of the date of the initial evaluation or if the child is over the age one (1) and the re-referral is beyond six (6) months of the date of the initial evaluation. POE staff will reactivate the TOTS file, enter the new referral information and send a new *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* and ASQ screening protocol to the parent.

5.4 (4) Determined Eligible and Awaiting Initial IFSP

Children in this phase have been determined eligible for services and have not had an initial IFSP developed at the time of exit. POE staff will determine if the evaluation is still valid at time of re-referral based upon the timeline indicated in 5.4 (3).

If the evaluation is valid, POE staff will reactivate the TOTS file, leave the original referral date and note in the Communication Log that eligibility is still valid. If an IFSP is developed, the delay reason will be "parent delay".

- (a) The family assessment shall be considered valid if the child is under age one (1) and the re-referral is within three (3) months of the date of the initial family assessment or if the child is over the age one (1) and the re-referral is within six (6) months of the date of the initial family assessment. It is best practice to review the prior listed "Concerns, Supports, Possible Outcomes and Priorities" as well as "Family Routines" following the steps outlined Chapter 7 before scheduling the initial IFSP meeting.
- (b) The family assessment shall not be considered valid if the child is under the age one (1) and the re-referral is beyond three (3) months of the date of the initial family assessment or if the child is over the age one (1) and the re-referral is beyond six (6) months of the date of the initial family assessment. POE staff will send a *Notice of Action & Consent for Assessment (FS-7)* to the parent. Once consent is received from the parent the Service Coordinator shall schedule a home visit to conduct a new family assessment by following the procedures outlined in Chapter 7.
- (c) If no family assessment was conducted prior to discharge, POE staff will send a *Notice of Action & Consent for Assessment (FS-7)* to the parent. Once consent is received from the parent the Service Coordinator shall schedule a home visit to conduct the initial family assessment by following the procedures outlined in Chapter 7.

If the evaluation is not valid at the time of re-referral, POE staff will reactivate the TOTS file, enter the new referral information and send a new *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* and ASQ screening protocol to the parent. If the *Consent/Release of Information (FS-10)* on file is still valid that release can be used to obtain updated medical information.

5.4 (5) IFSP

5.4 (5) (a) IFSP In Process (Outcomes Not Met At Time Of Exit)

Children in this phase have had at a minimum an initial IFSP developed. If the child was absent from services for less than thirty (30) calendar days a new IFSP is not needed. The IFSP that was in place at the time of exit is still valid. POE staff will reactivate the file and enter a requested review IFSP to reflect the new start date for services.

If the child was absent from services for more than thirty (30) calendar days a new IFSP may be needed and the procedures outline below shall be followed.

- 1. If the IFSP was an initial IFSP at the time of discharge POE staff shall determine if the initial evaluation results are still valid based on the timeline outlined in Section 5.4 (3).
 - a. If the initial evaluation is still valid, POE staff will follow the steps outline in Section 5.4 subsection (1) to reactivate the file. A requested review IFSP is created to show the new start date for services and IFSP services continue.
 - b. If the initial evaluation is no longer valid, POE staff will follow the steps outlined in Section 5.4 subsection (1) and (2) to reactivate the file.
 - I. POE staff will follow the process for screening activities in this chapter and the process for eligibility determination in Chapter 6, including obtaining a new *Notice & Consent for Screening, Evaluation and Assessment (FS-8)*.
 - II. If the *Consent/Release of Information (FS-10)* on file is still valid that release can be used to obtain updated medical information.
 - III. If the child is found eligible for service, the Service Coordinator will update the family assessment information following the steps outlined in Chapter 7 before scheduling the IFSP meeting.

- IV. If the child is determined to no longer be eligible for services, POE staff must send a *Notice of Action (FS-9)* listing the action refused as “Completion of the family assessment and development of IFSP”. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select “Ineligible for Part C” from the Exit/Close Reason drop-down menu.

***Note:** The very first IFSP is ALWAYS considered the initial IFSP. When a new IFSP is developed following the family assessment that IFSP must be labeled as an ANNUAL IFSP. This will allow TOTS to accurately track the timeline for future IFSPs.

2. If the IFSP was a Six (6) Month Review IFSP at the time of discharge, POE staff will follow the steps outlined in Section 5.4 subsection (1) and (2) to reactive the file.
 - a. POE staff will follow the process for screening activities in this chapter and the process for eligibility determination in Chapter 6, including obtaining a new *Notice & Consent for Screening, Evaluation and Assessment (FS-8)*.
 - b. If the *Consent/Release of Information (FS-10)* on file is still valid that release can be used to obtain updated medical information.
 - c. If the child is found eligible for service, the Service Coordinator will update the family assessment information following the steps outlined in Chapter 7 before scheduling the IFSP meeting.
 - d. If the child is determined to no longer be eligible for services, POE staff must send a *Notice of Action (FS-9)* listing the action refused as “Completion of the family assessment and development of IFSP”. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select “Ineligible for Part C” from the Exit/Close Reason drop-down menu.
3. If the IFSP was an Annual IFSP at the time of discharge POE staff shall determine if the results of the annual five area assessment (5AA) are still valid.
 - a. If the annual 5AA was conducted within ninety (90) calendar days it is considered valid. POE staff will follow the steps outline in Section 5.4 subsection (1) to reactive the file. A requested review IFSP is created to show the new start date for services and IFSP services continue.
 - b. If the annual 5AA was conducted more than ninety (90) calendar days it is no longer valid, POE staff will follow the steps outlined in Section 5.4 subsection (1) and (2) to reactive the file.
 - I. POE staff will follow the process for screening activities in this chapter and the process for eligibility determination in Chapter 6, including obtaining a new *Notice & Consent for Screening, Evaluation and Assessment (FS-8)*.
 - II. If the *Consent/Release of Information (FS-10)* on file is still valid that release can be used to obtain updated medical information.
 - III. If the child is found eligible for service, the Service Coordinator will update the family assessment information following the steps outlined in Chapter 7 before scheduling the IFSP meeting.
 - IV. If the child is determined to no longer be eligible for services, POE staff must send a *Notice of Action (FS-9)* listing the action refused as “Completion of the family assessment and development of IFSP”. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select “Ineligible for Part C” from the Exit/Close Reason drop-down menu.

5.4 (5) (b) IFSP In Process (Outcomes Met At Time Of Exit)

Children in this phase have had at a minimum an initial IFSP developed and the Exit/Close Reason was “*IFSP Goals Met*”. POE staff will follow the steps outlined in Section 5.4 subsection (1) and (2) to reactive the file and follow the process for Referral as outlined in this chapter.

IFSP Phase	# Of Days Absent From Services	POE Actions
Initial	If the child is absent from services for less than thirty (30) calendar days	The file is made active again, a requested review is entered to show the new start date for services and IFSP services continue
	If the child is absent from services for greater than thirty (30) calendar days	<p>Determine if the initial evaluation is still valid based on the timelines outlined in section 5.4 (3)</p> <ul style="list-style-type: none"> • If initial evaluation is valid reactivate the file, enter a requested review to show the new start date for service and IFSP services continue • If initial evaluation is no longer valid, reactivate the file, complete the referral page for a re-referral and follow the procedures outlined for a new referral
Six (6) Month Review	If the child is absent from services for less than thirty (30) calendar days	The file is made active again, a requested review is entered to show the new start date for services and IFSP services continue
	If the child is absent from services for greater than thirty (30) calendar days	Reactivate the file, complete the referral page for a re-referral and follow the procedures outlined for a new referral
Annual	If the child is absent from services for less than thirty (30) calendar days	The file is made active again, a requested review is entered to show the new start date for services and IFSP services continue
	If the child is absent from services for greater than thirty (30) calendar days	<p>Determine if the annual five area assessment (5AA) is still valid</p> <ul style="list-style-type: none"> • If the annual 5AA was completed within ninety (90) calendar days, reactivate the file and enter a requested review to show the new start date for services and IFSP services continue • If the annual 5AA was completed greater than ninety (90) calendar days from the date of re-referral, reactivate the file, complete the referral page for a re-referral and follow the procedures outlined for a new referral

Chapter 6: Evaluation & Eligibility

Eligibility for First Steps is determined for every child referred to First Steps through an evaluation. Evaluation as defined by Part C of the IDEA means the procedures used by qualified personnel to determine a child's initial and continuing eligibility. Procedures include formal testing, observations, review of relevant health records and other records pertinent to the child's developmental status, comparison to eligibility criteria and final determination of eligibility.

First Steps uses a two (2) level evaluation system that consists of Initial Evaluation and Secondary Level Evaluations.

6.1 Nondiscrimination in Eligibility Determination

All activities conducted as part of eligibility determination must be unbiased, non-judgmental, comprehensive and individualized according to the presenting needs of the child and family and their individual ethnic and cultural beliefs. No single procedure is used as the sole criterion for determining a child's eligibility for First Steps. A variety of procedures are used to determine if a child is eligible for First Steps. Any standardized instrument or test employed to evaluate eligibility or assess children and families must be free from racial or cultural bias.

6.2 Language Access: Native Language

Tests and other procedures must be administered to the child in the native language of the child or other mode of communication. The family assessment must be conducted in the native language of the parent or other mode of communication. The only time this does not apply is when it is clearly not feasible to conduct either the child or family assessment in the native language. Refer to Chapter 5 for more detail on Language Access: Native Language.

6.3 Timelines

A determination of eligibility must occur within forty-five (45) calendar days of the initial referral to the First Steps Point of Entry (POE). If a child is determined eligible, it is documented on the Eligibility Information Screen in TOTS. Once a child is determined eligible a Family Assessment and an IFSP meeting is scheduled and conducted.

When a determination of eligibility does not occur within this timeframe, the circumstances that contributed to the delay must be documented in TOTS on the IFSP screen in the "IFSP Delay Reason" dropdown box. The evidence of the delay should also be entered in the Communication Log on TOTS. In cases where the child was determined ineligible and the determination was made after forty-five (45) calendar days, the reason for the delay must be documented in the Communication Log.

6.4 Written Consent

Written parental consent must be obtained at least five (5) working days before conducting any initial evaluation or assessment. Consent is obtained on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*.

6.4 (1) Issues with Parent Consent for Evaluation

6.4 (1) (a) Parent Consented to Screening Only, Not Evaluation

If the parent consents to screening only on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*, the POE staff complete the appropriate screening action and provide family with the results. If the POE staff recommends the child be evaluated, they must explain to the parent that the child will not be considered for eligibility without the evaluation.

1. If the parent chooses to move forward to evaluation, consent must be obtained on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*.
2. If the parent chooses not to move forward with evaluation, the POE staff informs the parent that they may contact the POE if they decide to pursue eligibility in the future.

A *Notice of Action* (FS-9) is completed and given to the parent along with a copy of Parent's Rights in Kentucky's Early Intervention System: First Steps brochure. The record is closed by entering the Exit/Close Date and Reason on the Transition/Exit Information Screen on TOTS. The reason for exit is marked as "Parent Withdraw".

6.4 (1) (b) Child Not Made Available

If the parent gives consent for the evaluation on the *Notice of Action & Consent for Screening, Evaluation and Assessment* (FS-8) but does not make the child available for evaluation, the POE staff or contracted evaluator must make at least three (3) attempts to schedule the evaluation. These attempts must be documented in the Communication Log in TOTS. After three (3) attempts, the POE staff is notified and sends a *Notice of Action* (FS-9) that indicates that no evaluation will be conducted because the parent has not made the child available. Include a copy of the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure with this notice. The child's record in TOTS is closed by entering the Exit/Close Date and Reason on the Transition/Exit Information Screen on TOTS. The reason for exit is marked as "Attempts to Contact Unsuccessful".

6.4 (1) (c) Parent Gives Consent to Evaluation but Does Not Follow Through with Medical Component

The initial evaluation includes a medical component that is satisfied by either a review of recent, relevant health records or a physical examination by a physician or ARNP (See Section 6.8 for details regarding the medical component). Parents who refuse to give consent for the POE to obtain the health records or who refuse to take the child for a physical examination are, in fact, refusing the evaluation. The POE staff sends a *Notice of Action* (FS-9) indicating that the parent has not followed-through with the required actions for the medical component of the evaluation. Include a copy of Parent's Rights in Kentucky's Early Intervention System: First Steps brochure with this notice. The child's record in TOTS is closed by entering the Exit/Close Date and Reason on the Transition/Exit Information Screen on TOTS. The reason for exit is marked as "Parent Withdraw".

There are instances where the medical components cannot be obtained due to the parent's religious exemption for medical care or opposition to medical immunization for their child. This must be documented in the Health Assessment on the Evaluation/Assessment page and noted on the Health page in TOTS. The POE can move forward with evaluation if religious exemption is properly documented.

6.5 Hearing Status

Prior to the administration of the child evaluation, the child's hearing status shall be determined through screening or evaluation.

There are two (2) types of screening for hearing: a verbal assessment and a screening conducted with equipment, most commonly an OAE device. There is also a hearing evaluation, or audiological evaluation, which is conducted by the Commission for Children with Special Health Care Needs (CCSHCN) upon referral by First Steps or if the parent chooses, a private audiologist.

All children referred to First Steps have a verbal risk assessment performed for suspected hearing impairment prior to the evaluation. The risk assessment is found on the Health Screen in TOTS, consisting of the following questions:

Under the Health Information, questions five (5) through nine (9):

"Has the child experienced:

5. Bacterial Meningitis;
6. Family History of Early Onset Hearing Loss;
7. Severe Head Trauma;
8. Prolonged Otitis Media and/or Middle Ear Fluid Greater Than two (2) Months; and

9. Syndromes Associated With Hearing Loss (Flag all for audiological screen)."

Under the Birth information, question number one (1), three (3) and five (5):

"1. Birth Weight (if less than 1500 grams);

3. Gestational Age (if less than 34 weeks);

5. Special Considerations (Flag for audiological screen for Bilirubin, Birth Defects, and Congenital Infection)."

***Note:** Children whose parents report that the child has had frequent ear problems (infections, fluid build-up) and that these issues have been resolved through medical interventions should be marked as a "no" on question eight (8) on the health screen in TOTS. If the ear problems persist after medical intervention, then the answer to question eight (8) on the health screen on TOTS should be "yes".

6.5 (1) Required Hearing Screening

It is mandatory for a child to have a hearing screening with a device (OAE or other) if the following apply:

- (a) A child who has a positive answer to any of the following questions on the TOTS Health Screen:
 - 1. items five (5) through nine (9) under the Health Information; and
 - 2. number one (1), three (3) and five (5) under Birth Information;
- (b) A child has been referred to First Steps for speech language as the only area of concern; or
- (c) A child has no indicators flagged on the TOTS Health Screen but parent voices concern. The Service Coordinator needs to question what is triggering the parent's concern to determine if the basis is due to a lack of understanding of the health questions, lack of knowledge about child development and expectations for response of the child or family history issues that have not been discussed. The Service Coordinator needs to ascertain if the parent has voiced concerns with their doctor.

Hearing screenings may be conducted by the POE depending upon the POE's resources (Otoacoustic Emissions (OAE) machines and trained staff) or, if necessary, a hearing evaluation may be conducted by CSHCN. If a hearing screening or evaluation is required, ensure that a *Consent to Release/Obtain Information (FS-10)* has been signed by the parent giving the POE and the Early Hearing Detection & Intervention/Newborn Hearing Screening Program (EHDI) the ability to share information on the hearing results.

This process is to ensure that a hearing impairment is found and addressed through the evaluation and assessment process and BEFORE the provision of Early Intervention Services.

6.5 (2) Procedures for Hearing Screens Conducted by the POE

The POE should make every effort to conduct the Otoacoustic Emissions (OAE) screening for the child. To provide adequate hearing screens for children, POE's should attempt to screen a child in as quiet an environment as possible. It is often helpful for a parent or someone the child knows to be present and assist with keeping the child quietly entertained.

- (a) Visually inspect the child's ear before screening with the OAE. This is to check for any excess wax or other debris present in the ear canal, as well as to detect if there are any structural abnormalities of the ear itself.
- (b) Once the visual inspection is complete, carefully conduct the OAE screening according to the training provided by the CSHCN.
- (c) Results for each ear are recorded on the *Otoacoustic Emissions (OAE) Screen Reporting Form (FS-38)* and are sent to the CSHCN/EHDI. The results are documented on the Screening Page in TOTS under number nine (9), "Scores/Results of other screeners". POE staff document that the screening was conducted in the Communication Log or Service Log on TOTS and include any action steps that are required.

6.5 (2) (a) Procedures for Children who Cannot be Screened with the OAE Machine

If the POE cannot screen the child with the OAE machine document the attempt in a Service or Communication Log in TOTS and refer the child to the CSHCN. See section 6.5 (3) for procedures on how to make a referral to the CSHCN.

6.5 (2) (b) Procedures for Children who Pass Hearing Screens

For children who pass the hearing screening, the screening results are documented on the Screening Page in TOTS under number nine (9), "Scores/Results of other screeners". The results are also entered on the Evaluation/Assessment Information Screen in TOTS as a Hearing Assessment so this information will carry forward to the child's Individualized Family Service Plan (IFSP). A Service Log or Communication Log is entered. The findings are captured on the *Otoacoustic Emissions (OAE) Screen Reporting Form (FS-38)* and sent to the CSHCN/EHDI so that the results can be accurately matched to the newborn record. Children who pass hearing screens conducted by the POE continue to the next step towards evaluation if there are other developmental concerns that support the evaluation.

6.5 (2) (c) Procedures for Children who Fail Hearing Screens

If the hearing screening is conducted by POE staff and the child does not pass in one (1) or both ears, the screening results are documented on the Screening Page in TOTS under number nine (9), "Scores/Results of other screeners". The results are also documented on the *Otoacoustic Emissions (OAE) Screen Reporting Form (FS-38)* and a referral to the CSHCN is made. POE staff must document this in a Service Log or Communication Log in TOTS. See section 6.5 (3) for procedures on how to make a referral to the CSHCN.

***Note:** All *Otoacoustic Emissions (OAE) Screen Reporting Form (FS-38)*, regardless of results, must be faxed to the CSHCN/EHDI at the number located on the bottom of the form.

***Note:** The appointment needs to be scheduled with the CSHCN as soon as possible.

***Note:** Hearing evaluations MUST be conducted BEFORE conducting the child evaluation.

6.5 (3) Referrals from First Steps to CSHCN

The CSHCN will provide the necessary audiological evaluation based on the screening results.

Four (4) types of referrals to the CSHCN are mandatory:

- (a) All children who have a "yes" response to the questions on TOTS health screen, items five (5) through nine (9) and item one (1), three (3) and five (5) under the birth information (as referenced in section 6.5 (1) of this chapter) and cannot be screened with OAE machine by the POE staff due to: debris, excess wax, structural abnormalities, child uncooperative, or lack of resources (OAE machines/trained staff to complete the screening);
- (b) All children who have been referred to First Steps for speech language as the only area of concern and cannot be screened with OAE machine by the POE staff due to: debris, excess wax, structural abnormalities, child uncooperative, or lack of resources (OAE machines/trained staff to complete the screening);
- (c) All children that have no indicators flagged on the TOTS Health Screen but parent voices concern and cannot be screened with OAE machine by the POE staff due to: debris, excess wax, structural abnormalities, child uncooperative, or lack of resources (OAE machines/trained staff to complete the screening); or
- (d) All children who did not pass the hearing screening conducted by the POE.

Procedures to refer child to the CSHCN:

- (a) Complete demographic and health screens on TOTS;

- (b) Complete the *Otoacoustic Emissions (OAE) Screen Reporting Form (FS-38)*;
- (c) Ensure that the parent receives prior notice and gives consent for the Hearing Screening/Evaluation on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*;
- (d) Complete the *Consent to Release/Obtain Information (FS-10)* for the CSHCN and EHDI so that hearing information may be shared;
- (e) Complete the *Referral Form to CSHCN (FS-37A)*;
- (f) Fax the *FS-37A, FS-10* and *FS-38* to the CSHCN office;
- (g) Assist the family by calling the local CSHCN office to set-up an appointment or instruct the family to call to make an appointment;
- (h) Issue an authorization for the screen/evaluation on the Planned Services Screen in TOTS with CSHCN as Payor 1; and
- (i) Document in TOTS that the referral to the CSHCN has been made.

***Note:** The CSHCN will bill Medicaid or the family's private insurance, even if the parent has declined the use of insurance use in First Steps.

Once the CSHCN completes the evaluation, the audiologist will enter the results on the Evaluation/Assessment screen in TOTS and will enter a Service Log for the activity. It is crucial that the Service Coordinator enter the authorization on planned services timely and accurately. If the date of service is beyond the end date of the authorization, the report can be entered but not the service logs. The dates that authorized service begin and end should be included on the faxed *Referral Form to CSHCN (FS-37A)*.

6.5 (3) (a) Results of the Hearing Evaluation are Inconclusive

There may be instances where the audiological evaluation results are inconclusive. The CSHCN will document the results by completing a hearing assessment on the Evaluation/Assessment page in TOTS that states the hearing results were inconclusive and follow-up is recommended. If hearing cannot be verified by the CSHCN, POE staff must document in the Communication Log that based on the hearing assessment results the evaluation and assessment of the child is placed on hold until the hearing can be verified. A new hearing evaluation authorization may be warranted dependent upon the dates of the previous authorization.

Once the hearing has been verified, the CSHCN will edit the previous hearing assessment and update with the conclusive results. Once the hearing has been confirmed, the case moves forward for evaluation and assessment.

6.5 (3) (b) Results are Conclusive but Follow-Up is Recommended

There may be instances where the audiological evaluation results are conclusive but the CSHCN recommends follow-up with the child's physician or ENT due to the need for some type of medical follow-up. The Service Coordinator can assist in coordinating these services; however, First Steps will not pay for the follow-up. If the hearing results are conclusive, the case moves forward for evaluation and assessment.

6.5 (3) (c) Scheduling Difficulties with Hearing Evaluations

In the event that an audiological evaluation with the CSHCN cannot be scheduled in a timely manner, enter specific documentation in the Communication Log on TOTS that includes the date of the scheduled evaluation and reason for delay (no earlier appointments available, parent unable to schedule, etc.). The child evaluation will be delayed until the hearing evaluation is complete.

6.5 (3) (d) Parent Declines Referral to the CSHCN

If the parent does not want a referral made to the CSHCN, inform the parent of the need to ascertain the child's hearing status prior to evaluation so that results are accurate and valid. The parent may prefer to follow-up with an audiologist or physician of their

choosing, however, First Steps is not responsible for the payment of the follow-up services. The POE staff must complete the *Consent to Release/Obtain Information (FS-10)* for the records that provide information on the child's hearing status from the outside provider. The child evaluation will be delayed until follow-up by the parent is completed and the POE obtains the results.

In cases where either the POE staff or the parent is unable to schedule and complete the follow-up on the child's hearing in a timely manner, the POE staff must document the delay of the forty-five (45) day timeline in TOTS in the Communication Log. This documentation must clearly state the anticipated date of the appointment and other relevant information.

Should the delay be more than ten (10) days, the POE staff discusses with the parent the need to close the case and reopen the case after the follow-up is completed. The parent needs to understand that without valid hearing evaluation results, the child cannot be further evaluated and eligibility cannot be determined. Provide the parent with a *Notice of Action (FS-9)*, indicating that the POE refuses to evaluate the child due to the lack of confirmed hearing status. Also provide the parent with the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu.

6.5 (4) Referrals from CSHCN to First Steps

CSHCN is required to refer all infants with hearing loss to First Steps per KRS 211.647 (6). The statute states, "(6) If the audiological evaluation performed by the commission contains evidence of a hearing loss, within forty-eight (48) hours the commission shall:

- (a) Contact the attending physician and parents and provide information to the parents in an accessible format as supplied by the Kentucky Commission on the Deaf and Hard of Hearing; and
- (b) Make a referral to the Kentucky Early Intervention System Point of Entry in the service area of the child's residence for services under KRS 200.664."

6.5 (4) (a) Referrals for Children with Established Risk Condition

Significant hearing loss is an Established Risk Condition and defined as twenty-five (25) dB or greater in the better ear.

The CSHCN will send the results of the audiology evaluation along with the *Consent to Release & Obtain Information CSHCN (FS-37B)* when making the referral. Appropriately mark the referral and consent on the Referral page in TOTS for item number six (6); "Referral Source" and number eleven (11); "Parents have consented for the following agencies to receive child specific data" by selecting both "Commission for Children with Special Health Care Needs" and "Early Detection and Intervention/Newborn Hearing Screening Program."

The CSHCN can complete the *Health Information for Eligibility (FS-22)* if there is appropriate staff that can sign the form (physician or APRN).

Children referred by CSHCN with a confirmed Established Risk condition will need to have a Five Area Assessment (5AA) conducted by an Initial Evaluator or DCES who is a speech pathologist. A copy of the Individualized Service Plan (IFSP) must be sent to the CSHCN once it is finalized.

6.5 (4) (b) Referrals for Children Suspected for Developmental Delay

If the hearing loss is not significant enough to be an Established Risk Condition but the CSHCN staff believes that the child has developmental delay or has evidence of a hearing loss; the child will be referred to the POE for developmental screening. The child

may move forward to evaluation and assessment based upon the results of the screening.

The CSHCN will send the results of the audiology evaluation along with the *Consent to Release & Obtain Information CSHCN (FS-37B)* when making the referral. Appropriately mark the referral and consent on the Referral page in TOTS for item number six (6); "Referral Source" and number eleven (11); "Parents have consented for the following agencies to receive child specific data" by selecting both "Commission for Children with Special Health Care Needs" and "Early Detection and Intervention/Newborn Hearing Screening Program."

If eligibility is determined and an IFSP is created, a copy of the finalized IFSP must be sent to the CSHCN.

6.5 (5) Children enrolled in CSHCN Services Prior to Entry in First Steps

Children are sometimes referred by First Steps to the CSHCN for audiology services when they are already being followed in the otolaryngology clinic. Service Coordinators must verify if a child is already receiving services from the CSHCN to prevent authorizing services that the child is already receiving. Part C regulations addressing systems of payments require that CSHCN financial resources be used before Part C funds. This means that CSHCN pays for the services it typically provides. First Steps cannot supplant existing services but rather, coordinate with those services. First Steps funds are used to support those children who are not entitled to or covered by Medicaid, Title V or private insurance. Families of children referred to the CSHCN by First Steps who are not currently enrolled in CSHCN are not charged family fees by CSHCN.

Service Coordinators must have consent on file in order to discuss children with the CSHCN. The *Consent to Release/Obtain Information (FS-10)* or the *Consent to Release & Obtain Information CSHCN (FS-37B)* signed by the parent must be on file prior to the referral so that the status of the child can be discussed by both programs and recent audiology assessment information can be shared. Consent must be appropriately marked on the Referral page in TOTS for item number eleven (11); "Parents have consented for the following agencies to receive child specific data" by checking both "Commission for Children with Special Health Care Needs" and "Early Detection and Intervention/Newborn Hearing Screening Program."

6.6 Determination of Vision Status

Prior to evaluation, the POE must ascertain the child's vision status.

The ASQ-III includes an open-ended question about the parent's concerns with vision. The parent's response to the question is recorded in the "Summary of question 1-9 from the score sheet" on the Screening Page in TOTS. If vision concerns were not noted on the ASQ-III, but concerns with vision were raised during screening, these concerns should be entered in the Note section of the Screening page in TOTS.

The child's medical records obtained by the POE must be reviewed for status of vision concerns by the physician. The *Health Information for Eligibility (FS-22)* includes a space for the physician to indicate any concerns with vision. Vision concerns noted in medical records should be entered on the Health Screen in TOTS in the Health Comments section. A vision assessment must also be entered by POE staff on the Evaluation/Assessment Information page in TOTS.

6.7 Initial Evaluation

The purpose of evaluation is to confirm the existence of a significant developmental delay. The initial evaluation is conducted when eligibility for First Steps is determined the first time the child is referred. A child can only have one (1) initial evaluation even if the child has withdrawn and is re-referred to First Steps multiple times.

6.7 (1) Initial Evaluation for a Child with Suspected Developmental Delay

For a child with a suspected developmental delay, First Steps authorizes an assessment of the child to be conducted at the same time as the initial evaluation. The reason for this is to be efficient with families' and evaluators' time. Assessment has a different purpose that is addressed in Chapter 7.

The initial evaluation is performed using two (2) types of instrumentation that address the five (5) developmental domains of cognition, communication (includes receptive and expressive), physical development (includes gross and fine motor), social and emotional development and adaptive (self-help) skills development.

One (1) instrument is a norm-referenced, standardized instrument that provides a standard deviation score in the full domain for each of the five (5) areas. The results of this norm-referenced assessment are used for comparison to the specific eligibility criteria for documentation of the significance of developmental delay.

If the norm-referenced instrument administered during the initial evaluation reveals a delay in one (1) of the five (5) skill areas but does not meet the definition of significant delay, a second norm-referenced instrument may be administered. The second norm-referenced assessment must be administered by the discipline with the expertise needed for an in-depth look at the area of concern. This may necessitate the authorization of a discipline-specific assessment on Planned Services on TOTS. If the professional conducting the initial evaluation is the discipline most appropriate for the concerns of the child no additional authorization is issued.

The results of the additional or alternate testing shall be used to aide in determining eligibility if the standardized score indicates a delay of at least two (2) standard deviations in the skill area being tested.

If the scores on the second, in-depth instrument do not meet the definition of significant developmental delay, the child is not eligible for First Steps. The case **does not** go to Record Review for eligibility. It does not negate the parent's right to due process to challenge the eligibility determination. Parents are provided a *Notice of Action (FS-9)* and the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure which informs them of the right to due process.

A Cabinet-approved criterion-referenced assessment (Five Area Assessment or 5AA) is also required as part of the initial evaluation. The results of this instrument are used for program planning and establishing the baseline for measuring progress. A 5AA for all eligible children must be conducted BEFORE the forty-five (45) calendar day timeline for IFSP development.

The Cabinet-approved Five Area Assessment (5AA) instruments are:

- (a) Hawaii Early Learning Profile (HELP);
- (b) The Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN); and
- (c) Assessment, Evaluation, and Programming System for Infants and Children (AEPS).

6.7 (1) (a) Choosing an Evaluator

The developmental portion of the initial evaluation is provided by a DCES employed by the POE or a contracted evaluator. The DCES reviews the screening and other information known about child to appropriately choose the discipline who will conduct the initial evaluation. DCES' will conduct the full initial evaluation for children who are premature with a corrected age between four (4) to six (6) months and children who primarily present with concerns in the specific area of the DCES' expertise.

The choice of an evaluator is dependent upon the presenting concerns of the child. The area of expertise or discipline of study of the possible evaluator should be matched to the areas of concern for the child. For example, a child presenting with concerns in speech

should be evaluated by a speech pathologist because the speech pathologist has the expertise to administer both a multi-domain instrument as well as discipline-specific instruments to ascertain the existence of a significant developmental delay in the area of speech.

The developmental component of the initial evaluation consists of the completion of the appropriate instrument(s) to identify developmental status in each domain and the completion of an appropriate instrument to determine the child's unique strengths and needs.

6.7 (1) (b) Authorizing the Initial Evaluation

The initial evaluation is tied to the Initial IFSP. TOTS will generate a "Pending Plan" once the Demographic and Referral pages are completed. The Planned Services page can then be completed to authorize the initial evaluation.

To authorize the initial evaluation:

1. On the Planned Services page in TOTS, enter a start and end date for the evaluation (it is recommended to authorize the evaluation up to day twenty-five (25) of the forty-five (45) day timeline);
2. Enter Primary Level Evaluation under Service Name;
3. Select the appropriate agency and provider from the drop down box under Provider (do not mark this provider as the Primary Service Provider);
4. Enter Assessment as Method of Delivery;
5. All other sections of the authorizations will default; and
6. Select Save.

6.7 (1) (c) Completion of the Initial Evaluation

Once the evaluator (DCES or contracted evaluator) completes the initial evaluation, they have five (5) working days to enter the results of the criterion-referenced assessment in the Kentucky Early Childhood Data System (KEDS). The evaluator must also enter the evaluation and assessment results in TOTS on the Evaluation/Assessment page and mail a copy of the evaluation report to the family. The evaluator must document in the Communication Log in TOTS that the report was mailed to the family.

Timelines

Entry into KEDS Entry into TOTS Report to Family	Five (5) working days after the completion of the assessment
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It is not the role of the evaluator to inform a family member that their child is "eligible" or "not eligible" after any developmental assessment. Basing eligibility on the results of the testing violates the prohibition of basing eligibility on a sole criterion. General information about how the child performed on specific items or performed on the instrument overall may be shared. Parent should be informed that the results have to be tabulated and is only part of the information needed to determine eligibility. Families are informed that they will receive a copy of the evaluation.

6.7 (2) Initial Evaluation for a Child with an Established Risk Condition

Children with an Established Risk Condition receive only the criterion-referenced (5AA) assessment for the initial evaluation.

6.7 (2) (a) Choosing an Evaluator

The DCES is responsible for conducting the assessment of children with a confirmed Established Risk Condition. The reason for referral to a contracted evaluator to complete the assessment should be based upon the expertise needed to address the primary issue presented by the child. The issue to consider is the evaluator's ability to assess the area of concern in-depth, using a variety of discipline-specific testing instruments and methods.

6.7 (2) (a) 1. Child with an Established Risk Condition of Hearing Loss

Children with an Established Risk of hearing loss will have a 5AA completed by a Speech Therapist or a Teacher of Deaf and Hard of Hearing (TDHH). Preference is given to a TDHH, if available.

6.7 (2) (a) 2. Child with an Established Risk Condition of Visual Impairment

Children with an Established Risk of visual impairments will have a 5AA completed by a Teacher of the Visually Impaired (TVI) who is an approved evaluator, if available. The availability of the TVI cannot delay the forty-five (45) calendar day timeline for eligibility determination and IFSP development.

6.7 (2) (b) Authorizing the Five Area Assessment

The initial evaluation is tied to the Initial IFSP. TOTS will generate a "Pending Plan" once the Demographic and Referral pages are completed. The Planned Services page can then be completed to authorize the Five Area Assessment (5AA).

To authorize the 5AA:

1. On the Planned Services page in TOTS, enter a start and end date for the assessment (it is recommended to authorize the evaluation up to day twenty-five (25) of the forty-five (45) day timeline);
2. Enter Five Area Assessment under Service Name;
3. Select the appropriate agency and provider from the drop down box under Provider (do not mark this provider as the Primary Service Provider);
4. Enter Assessment as Method of Delivery;
5. All other sections of the authorizations will default; and
6. Select Save.

6.7 (2) (c) Completion of the Five Area Assessment

Once the evaluator (DCES or contracted evaluator) completes the 5AA, they have five (5) working days to enter the results of the criterion-referenced assessment in the Kentucky Early Childhood Data System (KEDS). The evaluator must also enter the assessment results in TOTS on the Evaluation/Assessment page and mail a copy of the assessment report to the family. The evaluator must document in the Communication Log in TOTS that the report was mailed to the family.

Timelines

Entry into KEDS Entry into TOTS Report to Family	Five (5) working days after the completion of the assessment
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It is not the role of the evaluator to inform a family member that their child is "eligible" or "not eligible" after any developmental assessment. Basing eligibility on the results of the testing violates the prohibition of basing eligibility on a sole criterion. General information about how the child performed on specific items or performed on the instrument overall

may be shared. Parent should be informed that the results have to be tabulated and is only part of the information needed to determine eligibility. Families are informed that they will receive a copy of the evaluation.

6.7 (3) Initial Evaluation for a Child Born Premature

For a child with a corrected age less than six (6) months, the initial evaluation is conducted by an approved Intensive Level Evaluation Team or an approved Neonatal Follow-Up Program (NFP).

An initial evaluation of a child with a corrected age of four (4) to six (6) months or greater can be performed by either the DCES or a contracted evaluator under the following conditions:

- (a) The Intensive Level Team or NFP is unable to conduct the evaluation within thirty-five (35) calendar days of the referral to First Steps. Documentation of the attempt to schedule an evaluation must include the date, name of person at the respective team with whom the Service Coordinator spoke and date of possible evaluation which clearly is at least thirty-five (35) calendar days from date of referral to First Steps. Documentation should be noted in the Service Coordinator's Service Log in TOTS;
- (b) The DCES or contracted evaluator is trained on appropriate instrumentation for this age child (i.e., the Bayley Scales of Infant Development); and
- (c) The DCES or contracted evaluator has experience assessing this age child.

***Note:** All three (3) criteria must be met before the DCES or contracted evaluator is allowed to complete the evaluation on a child with corrected age of four (4) to six (6) months.

6.7 (3) (a) Children Involving Neonatal Follow-Up Program (NFP)

Two (2) types of children participate in NFPs: those who are born before thirty-seven (37) weeks gestation and those who are born full-term but who have certain health conditions that warrant close monitoring by professionals with expertise in the development of very young children. These children often have unique developmental concerns and growth trajectories. Children must meet criteria set by the NFP for acceptance in follow-up clinics. Staffs at the University of Kentucky and the University of Louisville NFPs are experts in determining the existence of a developmental delay in these infants.

Routine follow-up consists of developmental screening, examination and teaching family appropriate exercises and developmental activities. If a referral to First Steps is considered, additional testing will be conducted using instruments such as the Bayley Scales of Infant and Toddler Development.

6.7 (3) (a) 1. Referrals to the NFP from First Steps

All referrals to a NFP must have the following information included with the referral: Italicized questions are included in the *Neonatal Follow-Up Program (NFP) Referral (FS-39)*.

- a. *Is child currently being seen by a Neonatal Follow-Up Program?* If yes, provide name of program and date of last visit. With parent consent, contact the NFP to find out results of last visit, recommendations, and date of next appointment. (This is important to prevent any duplicate testing or invalidation of testing.) Also, inform the NFP of any issue or concern that has arisen since the child's last appointment. The NFP may decide to bring the child in earlier, depending upon the concern;
- b. *Child's date of birth, demographic information including parent name;* and
- c. Birth information from the Health Screen on TOTS complete and accurate (*birth weight, birth length, gestational age, multi-birth status, special considerations and comments*).

6.7 (3) (a) 1. a. Children with a Confirmed Established Risk Condition and Prematurity

The District Child Evaluation Specialist (DCES) conducts the Five Area Assessment (5AA) when a child meets the following criteria:

- I. Child was born premature;
- II. Child has a confirmed Established Risk condition; and
- III. Child is not currently followed by a NFP clinic.

Any child who does not meet all three (3) of the above criteria is referred to the appropriate NFP for the 5AA.

6.7 (3) (a) 1. b. Children with Suspected Developmental Delay and Prematurity

All children suspected of developmental delay and who are less than six (6) months corrected age are referred to the appropriate NFP for the evaluation.

***Note:** Children with a corrected age of at least one (1) month, zero (0) days are screened by the DCES prior to referral to the NFP for the initial evaluation.

***Note:** Children with a corrected age of less than one (1) month, zero (0) days are not screened by the DCES prior to referral to the NFP for the initial evaluation.

6.7 (3) (a) 2. Referrals from the NFP to First Steps

When the family begins working with the NFP, the parent is informed of the First Steps program as a possibility in the future and is provided the First Steps brochure Helping Children Develop and Succeed...One Step at a Time.

At the point that the NFP team determines that the child should be referred as eligible, the parent is provided the following:

- a. *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*; and
- b. First Steps brochure Parent's Rights in Kentucky's Early Intervention System: First Steps.

The NFP staff person faxes the referral to the appropriate First Steps POE. The following documents must be included with the referral:

- a. Completed *Referral Form (FS-1A)*;
- b. Copy of the signed Release of Information allowing the transmission of information from the NFP to First Steps; and
- c. The signed *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*.

The designated POE staff enters the referral information into TOTS on the Referral, Demographic and Parent Pages and authorizes the evaluation through Planned Services Screen on TOTS. It is recommended to authorize the evaluation up to day twenty-five (25) of the forty-five (45) day timeline. If the designated staff person receiving the referral is the DCES, then a Service Coordinator must be assigned to the case.

The NFP team is responsible for entering the evaluation results in TOTS and KEDS. The Service Coordinator is responsible for contacting the family and completing the intake process.

***Note:** First Steps will not create an authorization for the evaluation without the signed consent of the parent on the *FS-8* form.

***Note:** If the NFP makes a referral and has completed only partial testing, the POE must treat the referral just as any other referral. The POE will need to follow the requirements of the testing protocol that was used by the NFP (a different testing tool may need to be used by the POE).

6.7 (3) (a) 3. On-going Collaboration

A person from the NFP is to be included as a member of the IFSP team. Authorize the person designated as the team member by the NFP program on the Planned Services Screen in TOTS as collateral for the entire period of the IFSP. Having ongoing access to the TOTS record will enable the NFP team to better understand the First Steps services and progress for the child as well as give them opportunity to enter information from the NFP follow-up visits that is relevant to the child's IFSP team.

Service coordinators must document all services that a child is receiving—whether or not First Steps is the payor. For example, if a child is receiving speech or physical therapy from a clinic outside of First Steps (paid by Medicaid or private insurance); this needs to be cited as an Other Service on the IFSP Page in TOTS. For this particular population, it is imperative that all team members understand the comprehensiveness of services. This practice will enhance the ongoing collaboration and coordination between the NFP and First Steps.

6.7 (4) Use of Transferred Records for Evaluation

With parent consent for an evaluation, early intervention records and/or evaluation records that are transferred from a developmental evaluator outside of the Kentucky First Steps System are reviewed by the POE staff. The parent must give consent on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)* for the POE staff to review the materials. The outside evaluation and assessment information may be used for eligibility determination if the records meet the following First Steps evaluation timelines:

- (a) Children under twelve (12) months of age, the evaluation must have been conducted within three (3) months of the referral to First Steps; or
- (b) Children over twelve (12) months of age and under three (3) years of age, the evaluation must have been conducted within six (6) months of the referral to First Steps.

The DCES or Service Coordinator also review the assessments to determine if those assessments meet the Kentucky testing requirements; for example, a Bayley Scales of Infant and Toddler Development was recently conducted but there is no criterion-referenced assessment available. The Service Coordinator would need to authorize the 5AA to be completed.

6.8 Medical Component of Evaluation- Health Assessment

All children referred for First Steps services must have a Health Assessment entered into TOTS before eligibility can be determined. The child's medical and health history and results of the most recent physical examination comprise the medical component of the initial evaluation. Every child must have documentation of the following information for use in eligibility determination:

- (1) General health status including the date of last well-child checkup;
- (2) Consistency of regular medical care (i.e., well-child checkups, immunizations, etc.);
- (3) Physician concerns about development including hearing and vision status;
- (4) Chronic conditions;
- (5) Verification or identification of Established Risk Condition (the appropriate ICD code/condition must be selected to document the eligible condition); and
- (6) Identification of medical fragility and any needed assessment accommodations.

The *Health Information for Eligibility (FS-22)* is designed to provide this information for the purposes of evaluation. This is completed by a physician or nurse practitioner. To facilitate the timely receipt of medical information, the POE may use the fiscal agent's HIPAA compliant Release of Information when requesting medical information.

The POE needs to watch the timeline carefully while waiting for medical information. Alerting the parent to the importance of getting this information may facilitate timely response from the physician's office. However, if the POE does not receive the required information by the thirty-fifth (35th) day from the referral date, the parent must be notified that required medical information has not been received and that eligibility cannot be determined. The parent is provided a *Notice of Action (FS-9)* indicating that the case will be closed in five (5) working days because eligibility could not be determined due to lack of required medical information. Include a copy of Parent's Rights in Kentucky's Early Intervention System: First Steps brochure with this notice. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu.

Should the medical information be received by the POE before the case is closed, the case may move forward to eligibility determination. The parent must be informed that if child is determined eligible, the family assessment and IFSP development will be completed. Due to the delay in receiving the medical information from the physician, the IFSP may not be completed within timelines. This should be documented on TOTS in the Communication Log.

The POE documents that medical records were received in the Communication Log in TOTS. POE staff enters the medical component of the evaluation in TOTS on the Health Screen and as a Health Evaluation on the Evaluation/Assessment Screen. The health information is housed in the child's hard copy file maintained by the POE.

Should the medical information be received by the POE after the case is closed, please refer to section 5.4 to determine appropriate re-referral action to be taken.

6.9 Eligibility Determination

6.9 (1) Child with Significant Developmental Delay

The DCES determines eligibility for children referred on the suspicion of a developmental delay by comparing the results of the norm-referenced assessment to the eligibility criteria, reviewing the 5AA results, reviewing the relevant medical and health records and considering the input of the family. Once eligibility status is determined, POE staff contacts the family by phone to discuss the eligibility determination. Documentation of eligibility (eligible or ineligible) is entered on the Eligibility screen in TOTS.

If child is found to be eligible, the DCES must:

- (a) Check the "Eligible" box under the "Developmental Evaluation" section of the Eligibility Page on TOTS;
- (b) Complete the "Eligibility Decision Justification" box explaining the reason the child is eligible for services;
- (c) Select the "Part C Eligible Decision" reason as "eligible";
- (d) Enter a date for the "Determination Date"; and
- (e) Parent is notified of eligibility determination. Notification of eligibility must be documented in TOTS.

Once eligibility is determined the Service Coordinator will proceed with the family assessment and creation of the IFSP.

If child is found to be ineligible:

Parents of the children determined not eligible for First Steps services must be provided a *Notice of Action (FS-9)* that indicates that the POE is refusing to develop an IFSP because the child is

not eligible accompanied by a copy of the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure. This shall be documented in the Communication Log.

On the sixth (6th) working day from the date the FS-9 was sent, the DCES must:

- (a) Complete the "Eligibility Decision Justification" box on the Eligibility Information page in TOTS explaining the reason the child is not eligible for services;
- (b) Select the "Part C Eligible Decision" reason as "Ineligible"; and
- (c) Enter the date eligibility was determined for the "Determination Date".

Once ineligible is marked on the Eligibility screen and it is saved, the file is immediately made inactive. The "Determination Date" will default as the exit date on the Transition/Exit Information page on TOTS and Ineligible for Part C will show as the exit reason.

6.9 (2) Child with Established Risk Condition

Because a child with a confirmed Established Risk condition is eligible for First Steps services, the DCES must determine if the child and family are currently in need of services. The DCES reviews the results of the 5AA, the relevant medical and health records and considers the input of the family. Some children with an Established Risk condition may not have delays at the time of eligibility. Keep in mind that the child's physician may have ordered clinical therapy to address the child's medical needs. First Steps services are not a substitute for clinical services. The provision of early intervention services must be necessitated by the developmental status of the child. It is a violation of some disciplines' code of ethics to provide services to children who do not have a need for the service.

If the DCES determines the child and family is not in need of ongoing early intervention services at the time, the family is given the option of service coordination only for monitoring purposes or closing the chart. The DCES must document this determination in the Communication Log in TOTS.

If the family chooses service coordination only, monitoring the child involves periodic screening along with periodic checks with the family to learn their perceptions of the child's growth and development. Service Coordinators may link the family to support groups or other sources of information about their child's condition as appropriate.

If child is found to be eligible, the DCES must:

- (a) Check the "Eligible" box under the "Established Risk Condition and/or Other Condition" section of the Eligibility Page on TOTS;
- (b) Complete the "Eligibility Decision Justification" box explaining the reason the child is eligible for services;
- (c) Select the "Part C Eligible Decision" reason as "eligible";
- (d) Enter a date for the "Determination Date"; and
- (e) Parent is notified of eligibility determination. Notification of eligibility must be documented in TOTS.

Once eligibility is determined the Service Coordinator will proceed with the family assessment and creation of the IFSP.

If the family chooses to close the chart the DCES must:

- (a) Complete the Eligibility Information page in TOTS by marking "Eligible" by Establish Risk Condition, entering the "Eligibility Decision Justification" and "Determination Date";
- (b) Provide the family with a *Notice of Action* (FS-9) and document in the Communication Log that it was given; and
- (c) On the sixth (6th) working day from the date the FS-9 was sent, complete the Transition/Exit Information page by entering the "Exit/Close Date" and "Exit/Close Reason". The reason for exit will be "Parent Withdraw".

6.10 POE Unable to Determine Eligibility

6.10 (1) Record Review for Eligibility Determination

The Record Review team may determine eligibility for children, whose initial evaluation results are inconclusive and POE staff are unable to make a clear eligibility decision.

There are two (2) ways the Record Review team may determine eligibility:

- (a) A comprehensive review of all records collected on the child. No additional testing is conducted. The Record Review team uses their knowledge of child development to decide if the child is eligible by a diagnosis or by informed clinical opinion. Informed clinical opinion means that a child is deemed eligible based upon the synthesis of the child information and the expert's experience and knowledge of typical and atypical development instead of definitive test scores.
- (b) An Intensive Level Clinical Evaluation (ILE) is conducted. An intensive level evaluation includes additional testing by specific team members chosen based on expertise needed to address child's developmental concerns. The team reviews the testing results along with medical testing from genetics, neurology, nutrition, etc. to render a diagnosis or rule out a possible diagnosis.

Parents consented to this secondary evaluation when they signed the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. The DCES must work with the Service Coordinator to complete the *Record Review Cover Letter & Request (FS-16)*. This form is submitted to Record Review. The Record Review Information Screen on TOTS must also be completed. The TOTS record for the child must be up-to-date with all intake information: referral, health and evaluation. Record Review has ten (10) calendar days from the date the request was received to finalize eligibility.

6.10 (2) Eligibility Determination by Informed Clinical Opinion

Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. For example, a physical therapist must make judgments about muscle tone abnormality based on the therapist's training and experience with other children. Likewise, a psychologist may note in observing a child playing that she performs tasks in adaptive ways not permitted during the administration of a standardized cognitive assessment. (Shackelford, J. *Informed Clinical Opinion*; NECTAC Notes, #10, May 2002).

A child may be determined eligible by informed clinical opinion by the following approved multidisciplinary teams:

- (a) Neonatal Follow-Up Program Team—this team has the authority to determine eligibility for infants participating in the Neonatal Follow-Up Programs. These are infants who are developmentally too young to be assessed by local evaluators;
- (b) Intensive Level Evaluation Team—this team is comprised of several different disciplines who can interpret in-depth testing to render a decision of eligibility; or
- (c) Record Review Team.

The response from the team must include the Established Risk condition diagnosis or a statement that the child meets eligibility by informed clinical opinion for documentation in TOTS.

6.11 Annual Redetermination of Eligibility

All children with an active IFSP must be re-determined eligible prior to the Annual IFSP meeting. The Service Coordinator is responsible for ensuring that eligibility determination is conducted and properly documented in the child's record. The Annual IFSP meeting cannot be held until continuing eligibility is confirmed and the Family Assessment has been completed.

Annual re-determination parallels initial eligibility in many ways and includes the following:

- (1) Administration of an assessment instrument (the 5AA);

- (2) A review of the child's relevant medical history;
- (3) The identification of the child's level of functioning in each developmental level;
- (4) Review of vision and hearing status;
- (5) A review and synthesis of information from medical, educational and other records, including Progress Reports; and
- (6) Review of information from other sources such as family members, care-givers, etc.

Eligibility based solely on the results of the 5AA is not permissible.

Timing the determination of continuing eligibility with the timelines of the Annual IFSP for eligible children is critical. The Annual 5AA must be administered no more than sixty (60) and no later than thirty (30) calendar days prior to the Annual IFSP date in order for eligibility to be determined. An updated health, hearing and vision assessment must be completed on TOTS which includes any updated health information or any diagnosis known for chronic conditions that impact eligibility.

Prior to the end of the current IFSP the Service Coordinator must ensure:

- (1) The *Notice of Action for Annual Eligibility Determination (FS-18)* is sent to the family at least sixty (60) calendar days before the end of the current IFSP;
- (2) Parent signature on an updated *Consent to Release/Obtain Information (FS-10)* is obtained to request updated medical or educational records; and
- (3) Updated medical records are requested timely.

***Note:** Many children receive outpatient therapy services during their enrollment in First Steps. It is best practice to send a request for those outpatient records as part of the re-determination of eligibility process.

Once the Annual Five Area Assessment (5AA) is completed the Service Coordinator must:

- (1) Prepopulate a requested review IFSP for the evaluator to enter the assessment report;
- (2) Ensure a new health assessment that summarizes the updated medical information is completed on the Evaluation/Assessment page in TOTS; and
- (3) Ensure an updated hearing and vision assessments are completed on the Evaluation/Assessment page in TOTS.

A child has continuing eligibility in two (2) ways:

- (1) **Significant Developmental Delay:** The annual 5AA assessment documents an ongoing significant delay in one (1) or more of the developmental areas. The delay should be significant enough to impair the ability to demonstrate age-appropriate skills and be based on the knowledge of the individual child's rate of growth (documented in the Progress Report and the Response to Intervention in the service logs) and opportunity to use the skill. Redeterminations of eligibility are not to be used to address concerns that are medical in nature.

The overwhelming majority of children in First Steps experience developmental progress. The IFSP team must decide and clearly document that the progress a child has made over the last year does not lead them to believe that the child is functioning within the range of typical development. It is accepted practice to consider a child to be within the range of typical development when the child has acquired developmental skills within three (3) months of their chronological age. The team has to ensure that continuing eligibility is not based on slight or temporary delays or on the quality of the child's performance of a developmental skill. Eligibility cannot be based on the fear of regression.

- (2) **Established Risk Condition:** The child continues to have an Established Risk condition or has been diagnosed with an Established Risk condition since the initial determination of eligibility. The diagnosis must be documented in an updated Health Assessment on the Evaluation/Assessment Screen in TOTS.

If the Service Coordinator is able to make a determination of continued eligibility, they will revise the Eligibility page in TOTS following the steps outlined below and move forward with scheduling the family assessment.

6.11 (1) Child Determined Eligible at Annual Redetermination of Eligibility

To record the annual redetermination of eligibility the Service Coordinator must:

- (a) Prepopulate a requested review IFSP;
- (b) Mark the reason for continued eligibility, as appropriate, on the Eligibility screen;
- (c) Enter a new date for the “Determination Date”; and
- (d) Complete the “Eligibility Decision Justification” box explaining the reason for continued eligibility.

Children who are eligible will move forward towards the Annual IFSP meeting. Prior to the Annual IFSP meeting, the Service Coordinator must conduct the Family Assessment. See Chapter 7 regarding procedures for completing the Family Assessment. After the Family Assessment is completed, the IFSP team is able to hold the Annual IFSP meeting to create a new IFSP.

If the Service Coordinator is not able to make a determination of continued eligibility, they will consult with the DCES who will make the final decision.

Once the POE staff has reviewed the updated information, the documentation of the review and the reason for the final eligibility decision must be recorded in the Part C Eligible Decision at the bottom of the Eligibility screen in TOTS.

6.11 (2) Child Determined Not Eligible at Annual Redetermination of Eligibility

Parents of the children determined to no longer be eligible for First Steps must be provided a *Notice of Action (FS-9)* that indicates that the POE is refusing to develop an IFSP because the child is not eligible accompanied by a copy of the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure. This shall be documented in the Communication Log.

On the sixth (6th) working day from the date the FS-9 was sent, the Service Coordinator will:

- (a) Prepopulate a requested review IFSP;
- (b) Uncheck the “Eligible” box by either “Established Risk Condition” or “Developmental Evaluation”;
- (c) Complete the “Eligibility Decision Justification” box explaining the reason the child is no longer eligible for service;
- (d) Change the “Part C Eligible Decision” reason from “Eligible” to “Ineligible”; and
- (e) Enter a new date for the “Determination Date”.

Once ineligible is marked as a choice on the Eligibility screen and saved, the file is immediately made inactive. The “Determination Date” will default as the exit date on the Transition/Exit Information page on TOTS and IFSP Goals Met will show as the exit reason.

Chapter 7 Assessment

Assessment serves many purposes in the First Steps program: to provide a snapshot of present strengths and needs of the child and family, to provide information for individualized intervention planning and to provide a method for monitoring and reporting developmental progress. Federal regulations define assessment as the ongoing procedures used to identify the child's unique strengths and needs and the early intervention service appropriate to meet those needs throughout the child's eligibility in Part C.

All children in First Steps receive a five area assessment (5AA) upon entry to the program, annually, and at exit. Some children may also receive a discipline-specific assessment in addition to the 5AA while in First Steps to provide information that leads to changes or modifications to interventions.

The Cabinet approved criterion references instruments for the 5AA are:

- (1) Hawaii Early Learning Profile (HELP);
- (2) Carolina Curriculum for Infants and Toddlers with Special Needs (CCITNS); and
- (3) Assessment, Evaluation, and Programming System for Infants and Children (AEPS).

The family assessment reflects the family's resources, priorities and concerns, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. The Routines Based Interview™ (RBI) is the assessment tool used in First Steps to complete the family assessment.

7.1 Five Area Assessment (5AA)

7.1 (1) Initial Five Area Assessment (5AA)

For a child referred due to a suspicion of a developmental delay, the initial 5AA will be authorized to be conducted as part of the initial evaluation. This is to be efficient with the families' and evaluators' time. For children referred due to an Established Risk condition, the initial 5AA is to be conducted by a District Child Evaluation Specialist.

POE staff shall obtain a physician's or nurse practitioner's (ARNP) written approval to complete an assessment for a child who is medically fragile. The *Health Information for Eligibility (FS-22)* is used to obtain this approval. The approval is specific to the modifications needed to accommodate the child's medical status to address the area(s) of concern.

The results of the 5AA are used when developing the IFSP for eligible children. The item level data from the criterion-referenced instrument is to be entered into KEDS by the evaluator who conducted the assessment for all children (eligible or not).

For children referred for developmental delay authorize the initial evaluation:

- (a) On the Planned Services page in TOTS, enter a start and end date for the evaluation (it is recommended to authorize the evaluation up to day twenty-five (25) of the forty-five (45) day timeline);
- (b) Enter Primary Level Evaluation under Service Name;
- (c) Select the appropriate agency and provider from the drop down box under Provider (do not mark this provider as the Primary Service Provider);
- (d) Enter Assessment as Method of Delivery;
- (e) All other sections of the authorizations will default; and
- (f) Select Save.

For children referred due to an established risk condition authorize the 5AA:

- (a) On the Planned Services page in TOTS, enter a start and end date for the assessment (it is recommended to authorize the evaluation up to day twenty-five (25) of the forty-five (45) day timeline);
- (b) Enter Five Area Assessment under Service Name;

- (c) Select the appropriate agency and provider from the drop down box under Provider (do not mark this provider as the Primary Service Provider);
- (d) Enter Assessment as Method of Delivery;
- (e) All other sections of the authorizations will default; and
- (f) Select Save.

7.1 (2) Annual Five Area Assessment (5AA)

The Six (6) Month review IFSP meeting should include a discussion of the need for an annual review of the IFSP; including the completion of an annual five area assessment (5AA). This 5AA is conducted to provide information for the annual redetermination of eligibility. Each annual assessment must be completed using one (1) of the Cabinet-approved criterion-referenced instruments. The annual 5AA must be completed no earlier than sixty (60) and no later than thirty (30) calendar days prior to the Annual IFSP date.

To authorize the annual 5AA:

- (a) When entering planned services for the Six (6) Month IFSP, select Five Area Assessment from the drop down list of services;
- (b) Enter the start date of the authorization for sixty (60) calendar days prior to the Annual IFSP date and the end date thirty (30) calendar days prior to the Annual IFSP date; and
- (c) Select the agency for the provider and select the provider from the drop down list.

***Note:** The annual 5AA is a separate authorization from the provider's ongoing services. Therefore, the annual 5AA is not conducted instead of providing ongoing services. They are separate authorizations resulting in separate visits.

***Note:** The DCES will conduct the annual 5AA for children who receive service coordination as the only service provided by First Steps. This includes entering item level data into KEDS.

7.1 (3) Exit Assessment

An exit assessment must be completed within thirty (30) calendar days prior to the child's third birthday. The assessment used for the annual redetermination of eligibility may be used to meet this requirement if the assessment was completed less than ninety (90) days from the date of the child's third birthday.

It is critical that this exit assessment be conducted in a timely manner so that if a child is transitioning to the public school, the assessment results are available to the school for use in determining eligibility and developing an IEP.

To authorize an exit assessment:

- (a) The exit assessment should be authorized on the naturally occurring IFSP that is closest to the child's third birthday;
- (b) When entering planned services for this IFSP, select Five Area Assessment from the drop down list of services;
- (c) Enter a start date for the authorization that is thirty (30) calendar days from the child's third birthday and an end date that is twenty (20) calendar days from the child's third birthday; and
- (d) Select the agency for the provider and select the provider from the drop down list.

***Note:** Exit assessments are not completed on children that have received less than six (6) months of early intervention services.

***Note:** The exit 5AA is a separate authorization from the provider's ongoing services. Therefore, the exit 5AA is not conducted instead of providing ongoing services. They are separate authorizations resulting in separate visits.

***Note:** The DCES will conduct the exit 5AA for children who receive service coordination as the only service provided by First Steps. This includes entering item level data into KEDS.

7.1 (4) KEDS Data Entry of Five Area Assessment (5AA)

The provider completing the 5AA is responsible for entering item-level data from the criterion-referenced assessment in KEDS. KEDS is the data portal that holds the assessment information needed to complete the Federal State Performance Plan, Indicator three (3), Child Outcomes reporting.

The child outcomes are an important measure of First Steps services. The results are used by the U.S. Department of Education to assess the performance of the state in implementing IDEA, Part C and more importantly, performance in preparing children to be college and career ready.

The provider completing the 5AA has five (5) working days to enter the item level data into KEDS.

7.1 (5) Rescheduled Assessment

If delays in completing the assessment occur the assessor documents the reason(s) for the delay in the Communication Log on TOTS and notifies the Service Coordinator.

Procedures:

- (a) The Service Coordinator must follow-up with the family concerning the delay;
- (b) A Requested Review IFSP is pre-populated and the new authorization for the assessment is entered into Planned Services;
- (c) The IFSP is finalized;
- (d) The assessment is conducted and the provider notifies the Service Coordinator that the assessment has been completed;
- (e) A Requested Review IFSP is pre-populated so the assessment can be entered into TOTS;
- (f) The provider must enter the assessment in KEDS and TOTS, send the family an assessment report and document in TOTS that the report was sent no later than five (5) working days after the date of the assessment; and
- (g) The IFSP is finalized.

***Note:** Do not request to unlock the IFSP to change authorization dates.

7.2 Ongoing Assessment

Ongoing assessment is conducted by each early intervention service provider each time they provide services. Children in First Steps receive assessment as an integral part of service delivery. This type of assessment is the foundation for determining if the interventions are effective or if there is a need to change the interventions. This process includes ecologically valid and appropriate assessment methods such as observations, parent interviews and reports, and behavioral checklists and inventories. The child's progress towards the achievement of IFSP outcomes is based on this ongoing assessment and documented in service logs. A summary of progress is documented on the Progress Report screen by each provider (including the Primary Service Provider) on the plan every six (6) months. The provider must enter the progress report in TOTS at least five (5) working days prior to the IFSP meeting and send a copy to the family. The provider must document in TOTS that the report was sent to the family.

7.3 Discipline-Specific Assessment

Discipline-specific assessments are limited to no more than three (3) per discipline per child during the child's participation in First Steps.

7.3 (1) Discipline-Specific Assessment as Part of the Initial Evaluation

Occasionally, the synthesized information obtained through screening, initial evaluation and 5AA is insufficient to determine the unique strengths and needs of the child and determine eligibility. In these instances, the POE shall arrange for further assessment. A contracted evaluator who is from the discipline with expertise for the domain of concern may conduct the discipline-specific assessment. The provider conducting the discipline-specific assessment must use instruments and assessment methods that will yield the specific information needed. Care must be taken to ensure there is no duplication of testing. The provider conducting the discipline-specific

assessment cannot provide on-going services to the child evaluated. See chapter 6.7 (1) for additional information.

7.3 (2) Discipline-Specific Assessment for Children with an Active IFSP

There may be situations when a concern emerges as the child ages or as the IFSP team becomes more familiar with the child over the course of implementing the IFSP. The IFSP team must be comprehensive in its planning and thoughtful about the assessments and services identified for the child and family.

When there is a concern that cannot be appropriately addressed by the current IFSP providers, a discipline-specific assessment may be authorized. The Service Coordinator must consult with the DCES and IFSP team about the need for a discipline-specific assessment. Optimally, this consultation should occur before the team meeting. A face-to-face team meeting is not required to obtain the discipline-specific assessment; however, there must be a simultaneous conversation of the reason for the assessment.

Documentation of the team discussion must include the IFSP teams reason(s) for the additional assessment; whether a current provider on the IFSP team can assess the area of concern; and the circumstances relating to the child's ability and family's capacity to address the child's developmental needs that warrant the subsequent assessment.

The Service Coordinator must provide prior written notice and obtain written consent for the discipline-specific assessment using the *Notice of Action & Consent for Assessment (FS-7)*. The discipline-specific assessment cannot be conducted for five (5) working days after the date of notice.

To authorize the discipline-specific assessment, the Service Coordinator must:

- (a) Pre-populate a Requested Review IFSP;
- (b) Authorize the discipline-specific assessment in Planned Services on TOTS with a ten (10) calendar-day timeline for completion. ***Note:** Assessment authorizations do not affect the limits set for ongoing services;
- (c) If the assessment is conducted close to the natural Six (6) Month Review or Annual IFSP, no additional authorizations are needed. The team will discuss the results as part of that IFSP meeting;
- (d) If, however, the assessment is conducted more than three (3) months from the next natural IFSP meeting, enter any necessary collateral authorizations for the IFSP team meeting to discuss results of the assessment and revise the IFSP as needed; and
- (e) Finalize the Requested Review IFSP.

***Note:** This action does not require that the family receive a copy of the IFSP noting the addition of the assessment.

The provider who performed the assessment:

- (a) Notifies the Service Coordinator that the assessment has been completed;
- (b) Enter the report in TOTS on the Evaluation/Assessment screen. The provider writes the report in family friendly language that is as free of professional jargon as possible. When professional jargon must be used, the provider explains in lay terms what it means. The report must not include any recommendation or statements that the child qualifies for services; and
- (c) Provides a copy of the report to the family within five (5) working days of the assessment and document in TOTS that the report was sent.

***Note:** It is best practice that the provider completing the discipline-specific assessment is not the ongoing service provider.

The IFSP team must meet to discuss the results and make any needed revisions to services. The Service Coordinator follows all steps for an IFSP meeting described in chapter eight (8).

Payment for an assessment is limited to the time spent in face-to-face contact with the child and parent.

An assessment that is completed as part of the provider's scope of practice per licensure requirements is considered to be part of the provider's therapeutic intervention and is not authorized as a discipline-specific assessment. The *Notice of Action & Consent for Assessment (FS-7)* is not required for this type of assessment; however, the provider may request a written consent from the family for their own records.

7.3 (3) Rescheduled Assessments

If delays in completing the discipline-specific assessment occur due to the illness of the child or by the request of the parent, the assessor documents the reason(s) for the delay in the Communication Log on TOTS and notifies the Service Coordinator.

Procedures:

- (a) The Service Coordinator must follow-up with the family concerning the delay;
- (b) A Requested Review IFSP is pre-populated and the new authorization for the assessment is entered into Planned Services;
- (c) The IFSP is finalized;
- (d) The assessment is conducted and the provider notifies the Service Coordinator that the assessment has been completed;
- (e) A Requested Review IFSP is pre-populated so the assessment can be entered into TOTS;
- (f) The provider must enter the assessment in TOTS, send the parent an assessment report and document in TOTS that the report was sent no later than five (5) working days after the date of the assessment; and
- (g) The IFSP is finalized.

***Note:** Do not request to unlock the IFSP to change authorization dates.

7.4 Assessment Reports

All formal, direct assessments must have a written report completed within five (5) working days of the completion of the assessment. The assessment results must be entered into TOTS which generates the written report. If a 5AA was conducted at entry, at annual redetermination of eligibility or at exit, the assessment must also be entered in the data portal, Kentucky Early Childhood Data System (KEDS). The entry of item level data from the 5AA into KEDS is necessary for payment approval.

The report includes the following:

- (1) A description of the assessment instrument used;
- (2) A description of assessment activities;
- (3) Identifying information including:
 - (a) The child's First Steps identification number;
 - (b) The name of the child;
 - (c) The child's age at time of assessment;
 - (d) The name of the service provider and discipline;
 - (e) The date of the assessment;
 - (f) The setting of the assessment;
 - (g) The state of the child's health during the assessment, including a statement concerning vision and hearing status;
 - (h) The parent's assessment of the child's performance in comparison to abilities demonstrated by the child in more familiar circumstances;
 - (i) The medical diagnosis if the child has an Established Risk Condition; and
 - (j) Individuals present at the assessment; and
- (4) A profile of the child's level of performance, in a narrative form which shall indicate:
 - (a) Child's unique strengths, needs;

- (b) Skills achieved since last report; and
- (c) Current and emerging skills, including skills performed independently and with assistance.

Reports must **NOT** include:

- (1) Statements of eligibility or recommendations for eligibility;
- (2) Recommendations for record review;
- (3) Recommendations for specific early intervention services, including method, frequency and intensity;
- (4) Recommendations for services from a specific professional discipline;
- (5) Recommendations for specific programs; or
- (6) Business solicitations.

The IFSP team is the only authorized entity to identify the early intervention services to be provided.

7.5 Family Assessment

Federal law and regulation require that the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child be identified. First Steps is rooted in the belief that family-centered early intervention builds on and promotes the strengths and competencies present in all families. The family assessment is the starting point for discovering the family's resources, priorities and concerns for their child and family, as they relate to the child's development. This information is translated into outcome statements that drive the IFSP team's actions to address the unique needs of the child.

The Routines-Based Interview™ (RBI) is conducted with the family of an eligible child by the Service Coordinator to gather this information. Family assessment results are discussed at the IFSP team meeting and contribute to the development of IFSP outcomes. The family assessment is conducted prior to the Initial and Annual IFSP meetings and updated prior to the Six (6) Month Review.

The RBI is a semi-structured interview designed to:

- (1) Establish a positive relationship with the family;
- (2) Obtain a rich and thick description of child and family functioning; and
- (3) Result in a list of proposed outcomes (child and family) chosen by the interviewee (parent/family).

The interview assesses:

- (1) The child's engagement, independence, and social relationships (EISR) within everyday routines;
- (2) The family's satisfaction with home routines; and
- (3) (When appropriate) The childcare teacher's perception of the goodness of fit of classroom routines with the child's interests and abilities.

The RBI can be used to obtain a description of the child's functioning in cognitive, motor, adaptive, communication and social skills; however, it does not result in a developmental score.
(<http://www.siskin.org/www/docs/112.190>)

7.5 (1) Functional Outcomes

Because families vary in resources, priorities, concerns and culture, the RBI helps to individualize early intervention services. The RBI will result in a list of child and family proposed outcomes that is generated by the interviewee. Informal outcomes are formalized at the IFSP meeting.

Functional outcomes point to where a family wants to go. They provide direction for collaboration between family members and early intervention providers about how to reach a family's desired outcomes. Too often, IFSPs focus only on child outcomes and do not address family supports from early intervention providers and other community resources (Jung & Baird, 2003; Boone et al, 1998; McWilliam et al, 1998). Identifying functional outcomes with families is the cornerstone for developing the IFSP document since the outcomes specify what should happen for family and child as a result of their participation in early intervention.

The IFSP is not an education-only document for the child and should aim to address outcomes targeted at family as well as child needs. Not all families will have or want family concerns or outcomes listed on the IFSP. However, when family concerns related to care and raising of the child with special needs have been identified and discussed, every effort should be made to identify possible resources to address them and list outcomes desired to resolve the concern.

Child level outcomes must include the following criteria when finalized on the IFSP:

- (a) Behavior (one (1) behavior per outcome);
- (b) Criteria (must be family friendly and measurable); and
- (c) Routine (minimum of one (1) routine per outcome).

Family level outcomes must include the following criteria when finalized on the IFSP:

- (a) Behavior (activity to address); and
- (b) Criteria.

7.5 (2) Initial Family Assessment

Consent for the family assessment is obtained on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. The Service Coordinator schedules the RBI with the family once eligibility has been established. Once the RBI is scheduled, the Service Coordinator sends the family a *Family Assessment Preparation Letter (FS-47)* and documents in TOTS that it was sent.

If the child is in childcare for fifteen (15) hours per week or more, the Service Coordinator should schedule a meeting with the childcare worker to complete the RBI. Parents must consent to this meeting by signing the *Consent to Release/Obtain Information (FS-10)*. This meeting can be held in conjunction with the parent or separate. If the meetings are held at separate times, the childcare worker must be interviewed first.

***Note:** If limited on time during the Initial IFSP phase, the interview with the childcare worker can be completed prior to the Six (6) Month Family Assessment.

The Service Coordinator may conduct the RBI using the *Family Assessment (FS-43)* template. The Service Coordinator guides the family through a detailed description of their daily routines as well as a satisfaction rating for each routine. Proposed outcomes will be generated by the family to be discussed at the IFSP meeting. The Service Coordinator will discuss possible service selection with the family based on the proposed outcomes.

Within five (5) working days of the date of the RBI, the Service Coordinator will enter the information onto the Family Assessment screen in TOTS and send the family a Family Assessment Report. The Service Coordinator will document in TOTS that the report was sent to the family.

7.5 (2) (a) Parent Declines Initial Family Assessment

Parents have the right to decline the family assessment without any jeopardy to the services of the child. If a parent declines the family assessment it must be recorded on the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. The Service Coordinator must check the box marked "Parent/Guardian Declined to Complete Interview" in the top section of the Family Assessment Screen. If the parent declines the family assessment, the Family Assessment screen in TOTS will be blank. Items one (1) through five (5) are not completed as they are official questions of the Routines-Based Interview™.

7.5 (2) (a) 1. Parent Consents to a Family Assessment after Initially Declining Family Assessment

Should a parent, who initially declined the family assessment on the *FS-8* and later wants to participate, the Service Coordinator must obtain written consent on the *Notice of Action & Consent for Assessment (FS-7)*.

7.5 (3) Six (6) Month Review Family Assessment

Service Coordinators must begin preparing for the Six (6) Month Review at least forty-five (45) calendar days and no later than thirty (30) calendar days prior to the date of the meeting. The family assessment must be updated prior to the Six (6) Month Review IFSP meeting. The purpose of updating the family assessment information is to evaluate the services the family is currently receiving and determine the need for changes to those services. The Service Coordinator will schedule the RBI with the family (and childcare worker when appropriate). Once the RBI is scheduled, a *Family Assessment Preparation Letter (FS-47)* is sent to the family. The Service Coordinator will document in TOTS that the letter was sent.

***Note:** The Six (6) Month Review of the Family Assessment may be conducted by telephone if the family agrees to this.

The Service Coordinator will not complete a full RBI. The Service Coordinator will update the information from the initial RBI. The *Family Assessment (FS-43)* template can be used to document the updated information. The updated information will be recorded on the update section of the form. The Service Coordinator will record any changes to the family's routines and concerns. Discussions the Service Coordinator must have with the parent during the Six Month Family Assessment include: progress on current outcomes, new concerns since the initial Family Assessment, previous concerns that are no longer a concern for the parent, update on routines that was a concern previously for the parent and adding any additional information that may not have been discussed during the previous Family Assessment. Proposed outcomes will be generated by the family and will be discussed at the IFSP meeting. The Service Coordinator will discuss possible service selection with the family based on the proposed outcomes.

Within five (5) working days of the date of the updated RBI, the Service Coordinator will enter the information onto the Family Assessment screen in TOTS and send the family a Family Assessment Report. The Service Coordinator will document in TOTS that the report was sent to the family.

To enter the Six (6) Month Family Assessment in TOTS:

- (a) Prepopulate a Requested Review IFSP;
- (b) Enter the revised information on the Family Assessment screen:
 - 1. Enter the new interview date, interviewed by and person interviewed;
 - 2. Items one (1) through five (5) will have the previous Family Assessment information in the description. If there are changes to be made, enter UPDATE at the end of the previous information and enter any new details;
 - 3. Copy and paste the previous routines into the new family assessment. If there has been a change in a routine, enter UPDATE after the pasted information and enter any new details; and
 - 4. Once all routines have been entered and updated, save the assessment;
- (c) Print a Family Assessment Report;
- (d) Send the family a copy of the Family Assessment Report in the mail. (If the IFSP meeting is scheduled within five (5) working days of the Family Assessment, the Service Coordinator can hand deliver the Family Assessment Report to the parent at the IFSP meeting);
- (e) Document in TOTS that the Family Assessment Report was sent (or given) to the family; and
- (f) Finalize the IFSP.

If there are no changes to the Six (6) Month Family Assessment and proposed outcomes, the Service Coordinator will not generate a report of the family assessment unless requested by the family.

7.5 (3) (a) Parent Declined Initial Family Assessment

If the parent declined the initial family assessment then there is no update that can be completed for the Six (6) Month Review. Under this circumstance it is best practice for the Service Coordinator to offer to complete a full Family Assessment with the parent. A *Notice of Action & Consent for Assessment (FS-7)* must be completed.

7.5 (3) (b) Parent Declines Six (6) Month Family Assessment

If the parent completed the initial family assessment and declines the six (6) month family assessment, the *Notice of Action & Consent for Assessment (FS-7)* must be completed and placed in the child's hard copy file. Verbal denial is not acceptable.

To enter the declined family assessment:

1. Prepopulate a Requested Review IFSP;
2. On the Family Assessment Information page in TOTS:
 - a. enter the date the parent signed the *FS-7* in the section titled "Interview Date";
 - b. enter the parent's name in the section titled "Person(s) Interviewed";
 - c. enter the Service Coordinator's name in section titled "Interviewed By";
 - d. select the button, "Parent/Guardian Declined to Complete Interview";
 - e. delete any information in boxes 1-5, "Main Concerns, Family Worries, Family Desired Changes, Formal and Informal Supports and Family Priorities" (this section should not be completed if the family declined the family assessment); and
3. Finalize the IFSP.

7.5 (4) Annual IFSP Family Assessment

Service Coordinators should begin preparing for the annual redetermination of eligibility and the Annual IFSP at least sixty (60) calendar days prior to the Annual IFSP meeting.

7.5 (4) (a) Child Determined Eligible at Annual Redetermination of Eligibility

The family assessment must be renewed prior to the Annual IFSP meeting for all eligible children at least fifteen (15) calendar days and no earlier than twenty-five (25) calendar days prior to the Annual IFSP meeting. The Service Coordinator will schedule the Routines-Based Interview™ (RBI) with the family (and childcare worker when appropriate). The Service Coordinator sends a *Family Assessment Preparation Letter (FS-47)* to the family and documents in TOTS that it was sent.

***Note:** A *Notice of Action & Consent for Assessment (FS-7)* must be obtained before the annual family assessment if the parent has declined the family assessment in the past. See chart at the end of this section for clarification.

The Service Coordinator may conduct the RBI using the *Family Assessment (FS-43)* template. The Service Coordinator will guide the family through a detailed description of their daily routines focusing on the engagement, independence and social relationships (EISR) of the child. Proposed outcomes will be generated by the family and discussed at the IFSP meeting. The Service Coordinator will discuss possible service selection with the family based on the proposed outcomes.

Within five (5) working days of the date of the RBI, the Service Coordinator will enter the information onto the Family Assessment screen in TOTS and send the family a Family Assessment Report. The Service Coordinator will document in TOTS that the report was sent to the family.

To Enter the Annual Family Assessment in TOTS:

1. Prepopulate a Requested Review IFSP;
2. Enter the revised information on the Family Assessment screen:

- a. Enter the new "Interview Date, Interviewed By and Person(s) Interviewed";
 - b. Items one (1) through five (5) will have the previous Family Assessment information in the description. The Service Coordinator will need to delete all the previous information and add the new information from the Annual Family Assessment;
 - c. New routines will be entered (do not copy and paste from the previous family assessment);
 - d. Once all routines have been entered, save the assessment;
3. Print a Family Assessment Report (only information from the Annual Family Assessment will print);
4. Send the family a copy of the Family Assessment Report in the mail. (If the IFSP meeting is scheduled within five (5) working days of the Family Assessment, the Service Coordinator can hand deliver the Family Assessment Report to the parent at the IFSP meeting);
5. Document in TOTS that the Family Assessment Report was sent (or given) to the family; and
6. Finalize the IFSP.

7.5 (4) (b) Parent Declines Annual Family Assessment

If the parent declines the annual family assessment, the *Notice of Action & Consent for Assessment (FS-7)* must be completed and placed in the child's hard copy file. Verbal denial is not acceptable.

To enter the declined family assessment:

1. Prepopulate a Requested Review IFSP;
2. On the Family Assessment Information page in TOTS:
 - a. enter the date the parent signed the *FS-7* in the section titled "Interview Date";
 - b. enter the parent's name in the section titled "Person(s) Interviewed";
 - c. enter the Service Coordinator's name in section titled "Interviewed By";
 - d. select the button, "Parent/Guardian Declined to Complete Interview";
 - e. delete any information in boxes 1-5, "Main Concerns, Family Worries, Family Desired Changes, Formal and Informal Supports and Family Priorities" (this section should not be completed if the family declined the family assessment); and
3. Finalize the IFSP.

7.5 (4) (c) Child Determined Not Eligible at Annual Redetermination of Eligibility

If the child is determined to be ineligible for services at annual redetermination of eligibility, the Annual Family Assessment will not be conducted by the Service Coordinator.

Assessment Reports: Types and Purposes

Type	Purpose	Location of Documentation
Initial Child	<ul style="list-style-type: none"> ▪ Describe present level of functioning including unique strengths and needs ▪ Identify emerging skills ➤ Used in eligibility determination and, if eligible, initial IFSP development ➤ Raw assessment data used to establish baseline for SPP/APR child outcomes measurement 	Evaluation and Assessment Screen
Initial Family	<ul style="list-style-type: none"> ▪ Identify concerns, priorities, and resources ▪ Describe family routines ➤ Used to develop IFSP outcomes 	Family Assessment Screen
Discipline-Specific	<ul style="list-style-type: none"> ▪ Describe, in-depth, child's functioning in a targeted domain ➤ Supplement initial or annual assessments for eligibility determination ➤ Provide in-depth information for IFSP team discussions and revision of IFSP 	Evaluation and Assessment Screen
Progress Report	<ul style="list-style-type: none"> ▪ Describe progress towards IFSP outcomes ➤ Used to review and revise, if necessary, IFSP outcomes and early intervention services 	Progress Report Screen
Annual Child	<ul style="list-style-type: none"> ▪ Describe present level of functioning including unique strengths and needs ▪ Identify early intervention services appropriate to meet needs ➤ Used for redetermination of eligibility and, if eligible, IFSP development ➤ Raw assessment data used as mid-point or end-point of data for SPP/APR child outcomes measurement ➤ Used to inform program that child transitions to when leave First Steps 	Evaluation and Assessment Screen
Annual Family	<ul style="list-style-type: none"> ▪ Identify concerns, priorities, and resources ▪ Describe family routines ➤ Used to develop IFSP outcomes 	Family Assessment Screen
Exit	<ul style="list-style-type: none"> ▪ Describe present level of functioning at time of exit ➤ Raw assessment data used as end-point for SPP/APR child outcomes measurement ➤ Used to inform program that child transitions to when leave First Steps, if appropriate 	Evaluation and Assessment Screen
Discharge Summary	<ul style="list-style-type: none"> ▪ Describe present level of functioning ▪ Describe progress achieved while receiving early intervention service ➤ Used as information for new provider ➤ Used to summarize effect of services by provider 	Progress Report Screen

***Note:** Annual and Exit reports may be one (1) report that serves as both types, depending upon the date of the two (2) events. A discharge summary is the appropriate type of assessment for children who will no longer be seen by a specific provider but who remain in First Steps.

When to complete Notice of Action and Consent for Family Assessments:

Initial Family Assessment	Six (6) Month Family Assessment	Annual Family Assessment
Agreed to complete- complete <i>FS-8</i>	Agreed to complete (covered by <i>FS-8</i>)	Agreed to complete (covered by <i>FS-8</i>)
Agreed to complete- complete <i>FS-8</i>	Agreed to complete (covered by <i>FS-8</i>)	Declined- complete <i>FS-7</i>
Agreed to complete- complete <i>FS-8</i>	Declined- complete <i>FS-7</i>	Declined (covered by <i>FS-7</i>)
Agreed to complete- complete <i>FS-8</i>	Declined- complete <i>FS-7</i>	Agreed to complete- complete <i>FS-7</i>
Declined- complete <i>FS-8</i>	Agreed to complete- complete <i>FS-7</i>	Agreed to complete (covered by <i>FS-7</i>)
Declined- complete <i>FS-8</i>	Agreed to complete- complete <i>FS-7</i>	Declined- complete <i>FS-7</i>
Declined- complete <i>FS-8</i>	Declined (covered by <i>FS-8</i>)	Declined (covered by <i>FS-8</i>)
Declined- complete <i>FS-8</i>	Declined (covered by <i>FS-8</i>)	Agreed to complete- complete <i>FS-7</i>

Chapter 8: IFSP Development & Implementation

The purpose of First Steps supports and services are to increase the child's participation in family and community activities. The supports and services also encourage the family in using learning opportunities throughout the day to enhance their child's development. Consideration of family routines, activities and natural settings are critical. Supports and services occur in the context of and are integrated into the normal daily activities, routines and environments of each child and family.

First Steps uses a Primary Service Provider (PSP) model of service delivery. This means that one (1) early intervention provider, selected by the IFSP team, visits with the child and family the majority of the time. Supports and services fit into the family's life and build effectively on the resources and supports already in place.

The team works together to develop an IFSP that identifies measurable outcomes that can be reasonably achieved within a year. Progress towards the outcomes is reviewed every six (6) months.

Family members are active, participating members of this team. Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention. Early intervention systems honor the racial, ethnic, cultural and socioeconomic diversity of families served.

Parents teach their children everyday – they are the primary agent of change in their child's development and the experts on their child and family. Early intervention service providers work with families by adding their specialized skills and knowledge to identify and use learning opportunities already found in the daily routines of the family to address the IFSP outcomes. To the greatest extent possible, the supports used to implement the outcome should be those found in natural environments (e.g., family members, childcare providers, neighbors) instead of, or in addition to, those provided by First Steps. Activities are to enhance what the family is already doing—not add additional burdens to their lives.

Materials used to expand the child's engagement with the environment are those that the child has access to when the First Steps providers leave. Therapeutic equipment or materials that are used only when the provider is visiting do not have lasting effect on the child.

The measurable outcomes in the IFSP indicate the functional skills that the child will learn to enhance development. Basic skills are those that can be embedded into natural routines and activities in which the child and family participate (e.g., expressing wants and needs, initiating social interactions, grasping/holding objects, holding head up, feeding self, and demonstrating cause-effect relationships). The interventions for each outcome statement should reflect the specific natural routines and activities in which the skills can be embedded (for example, expressing wants and needs can be taught during mealtime, such as when a child wants a drink or another bite of food).

The routines and activities are identified as priorities by the family through an ecological assessment, which looks at many different environments (e.g. home, community, play).

8.1 The Purpose of the IFSP

The Individualized Family Service Plan (IFSP) is a process documented in writing. The IFSP guides the family and early intervention providers in meeting the developmental needs of a young child from birth to age three (3) with special needs. It is a contract between the family and the state's early intervention system that carries the full rights and safeguards of federal and state law. The IFSP identifies the outcomes for the child and family and the early intervention services that will be provided to help the child and family achieve the identified outcomes.

Early intervention services are chosen based on the priorities of the family. Families participate in an assessment of their concerns, resources and priorities related to the child's development. The family

chooses the outcomes and priorities that they want to address through the IFSP services. Decisions about service intensity, frequency and service providers are based on the functional outcomes.

Early intervention services are determined by a team that includes the family as an integral part. Specific early intervention services are selected to address the outcomes that the IFSP team develops. Physicians or other professionals may provide recommendations for services which are considered by the IFSP team; however, services are selected based on the family's priorities. As a family-centered system, First Steps upholds the priorities of the family, even when the professionals have different priorities for the child.

The match between the IFSP outcomes and the ability of the provider(s) to support and assist the family in accomplishing those outcomes is the critical factor when choosing service providers to partner with each family. Once chosen, the IFSP team must consider the following factors in determining frequency and intensity of service: the complexity of the priority outcomes for the child, the nature and complexity of the child's needs, the confidence of the family in the knowledge and skills required to address their child's needs, the complexity of the family's needs, the extent of their social support network, and the nature of the intervention strategies.

One (1) provider is selected as the Primary Service Provider (PSP) who meets with the family most often and relies on assistance from the other team members when addressing the IFSP outcomes. The IFSP includes co-treatment visits by others on the team occurring as needed. The purpose of the co-treatment visits is to expand the activities being taught to the parents as the child progresses. At times the co-treatment visits may be needed for problem-solving issues that are impeding the child's successful learning. There is no set number of co-treatment visits allotted for each IFSP—the number is determined by the child and family's needs and the progress towards achievement of IFSP outcomes.

8.2 Required Components of the IFSP

- (1) Description of the child's present level of functioning in the domains of physical development, cognitive development, communication development, social and emotional development and adaptive (self-help) development based on the child's evaluation and assessment(s);
- (2) Description of underlying factors that may affect the child's development, including the Established Risk Condition and what motivates the child;
- (3) With family agreement, a statement of the family's resources, priorities and concerns related to enhancing the child's development;
- (4) Statement of the measurable results or outcomes expected to be achieved for the child and family and the criteria, procedures and timelines used to determine progress and need for revisions or modifications to outcomes or services;
 - (a) Measurable results/criteria: How will the family and the team members know whether the outcome is achieved, when to decrease or eliminate services or to address the target for longer or in a new way? How long or how often must the child do the action or activity before knowing that the outcome is achieved?
 - (b) Procedures: How will the family and team measure the progress? This can be informal methods such as observation by the family or formal methods such as checklists, assessment probes, etc. Any procedure conducted by the family needs to be something they are comfortable with and can easily implement.
 - (c) Target Date: When is it expected that the outcome will be achieved?
- (5) At least one (1) measureable transition outcome that addresses any upcoming changes relevant to the child and family or, if the child is two (2) years or older, the steps and services to be taken to support an effective transition of the child to preschool or other appropriate services. This shall include:
 - (a) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;
 - (b) Activities to be used to help prepare the child for changes in the service delivery;
 - (c) Specific steps that will help the child adjust to and function in the new setting; and
 - (d) Identification of transition service and other activities the IFSP team determines are necessary to support the transition of the child;

- (6) Specific peer-reviewed early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes, including the frequency, intensity, length, duration, location, method of delivering services, natural environment in which Early Intervention Services are to be provided, and payment arrangements;
 - (a) Frequency means number of days or sessions to be provided;
 - (b) Intensity means group or individual services;
 - (c) Length means amount of time the service provided during each session;
 - (d) Duration means point at which service will no longer be provided;
 - (e) Location means actual place(s) service will be provided; and
 - (f) Method means how a service is provided;
- (7) Start dates of services. Early Intervention Services start no earlier than five (5) working days from date of parent consent;
- (8) Other services needed by the child and family that are not Early Intervention Services; and
- (9) Names of the Service Coordinator and the Primary Service Provider (PSP).

8.3 Required IFSP Team Membership and Meeting Frequency

IFSP meetings are a group discussion of the child's progress towards achievement of outcomes, successes in functional skill attainment, identification of issues interfering with progress and needed revisions to the IFSP. It is a simultaneous conversation. The core members required at every IFSP meeting are the parent and service coordinator. Early intervention providers are paid for face-to-face IFSP meetings through a collateral authorization.

Participation in an IFSP meeting via telephone conference call is permitted; however this must be simultaneous conversation. Early intervention providers are not issued an authorization for telephone meetings and may not submit a claim for payment.

- (1) **Initial IFSP:** The initial IFSP team consists of the parent of the child, the service coordinator and the individual who conducted the initial evaluation. Individuals involved in conducting evaluations and assessments may participate in IFSP meetings in person, by report or by having a knowledgeable representative attend. If a representative attends, this person must be an enrolled First Steps provider. Other team members that may be included are advocates or other family members invited by the parents and potential early intervention service providers as appropriate.
- (2) **Six (6)-Month, Requested Review, and Annual IFSP:** Core team membership remains the same as the initial IFSP. Early intervention providers are expected to participate in the IFSP meetings held subsequent to the initial IFSP. Individuals involved in conducting evaluations and assessments may participate in IFSP meetings in person, by report or by having a knowledgeable representative attend. If a representative attends, this person must be an enrolled First Steps provider. The DCES attends the annual IFSP meeting if service coordination is the only ongoing service the child is receiving.

***Note:** The Initial and Annual IFSP meetings must be held as face-to-face meetings.

8.4 Preparing for the IFSP Meeting

A potential date and time for the initial IFSP meeting should be discussed with the family during the intake meeting. Once it has been determined that the child is eligible for early intervention services the service coordinator should confirm the potential date and time with the family. All IFSP meetings are to be scheduled at times and locations that are convenient for the family. Preparations for the meeting include:

- (1) Scheduling the meeting and complete the Scheduling Tool on TOTS;
- (2) Provide families the *IFSP Meeting Notice (FS-14)* at least seven (7) calendar days in advance of the meeting date; and
- (3) Notify all IFSP team members of the meeting at least seven (7) calendar days in advance of the meeting date. This can be done by sending an electronic message to the providers when adding the meeting to the Scheduling Tool.

The Service Coordinator reviews TOTS to ensure any needed assessment reports are completed and provided to the family before the meeting. A meeting agenda, *IFSP Meeting Reminders* is a guide for all IFSP meeting participants.

8.5 IFSP Meeting Facilitation

IFSP meetings must be conducted in settings and at times that are convenient for the family and in the native language or other mode of communication used by the family, unless it is clearly not feasible to do so. The Service Coordinator facilitates IFSP meetings, which includes, at a minimum, the following: (these steps should be documented in the Service Coordinator's service log)

- (1) Introductions;
- (2) A review of the purpose of the IFSP meeting;
- (3) An explanation of family rights and procedural safeguards, with a copy of the *Family Rights Handbook* given to the parent unless they decline the copy because they already have one (1);
- (4) A review of the evaluation and assessment results linked to the child's growth and development explained in such a way as to ensure that parents can share this information to others;
- (5) A review of the eligibility determination;
- (6) A review of the parent's concerns, priorities, resources, routines and other family information pertinent to program planning;
- (7) A discussion of measurable outcomes developed by the family according to the priorities identified through the family assessment. * **Note:** Every IFSP includes at least one (1) transition outcome;
- (8) The identification of the First Steps Early Intervention Services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family for achieving the measurable results or outcomes identified by the parent and the IFSP team;
- (9) A determination of the frequency, intensity, duration, length, method of delivering services and service delivery settings;
- (10) A discussion regarding transition from First Steps and the points at which efforts will begin to focus on that process, specific transition planning activities depending on the child's age at the time of the IFSP meeting or the parent's concerns related to transition;
- (11) A review of medical needs and other services and resources outside the First Steps system which the family utilizes or could utilize (but not paid by First Steps);
- (12) A review of financial matters and resources including Family Share Participation Fees and private and public insurance (including obtaining consents for billing private insurance as appropriate);
- (13) The selection of the Primary Service Provider (PSP). The PSP is selected by the team and is the one (1) provider who has regular contact with the family. Other early intervention providers support the PSP through consultation and co-treatment; and
- (14) Completion of the *IFSP Signature Page (FS-15)*. The parent will need to mark their level of consent for services and sign the form. All other meeting participants sign the form if present. If a provider participates by phone or by report the Service Coordinator will add their name to the signature page and mark their method of participation.

8.6 Selection of Early Intervention Services

The Service Coordinator leads the identification of possible early intervention services by reviewing each priority outcome with the IFSP team. Discussion centers on the type of service needed to address the concern. The discussion must be framed with the understanding that early intervention services are provided through a Primary Service Provider (PSP) who is the provider with the regular contact with the family. Other early intervention providers support the PSP through consultation and meet with the child and family on an infrequent basis. Discussion and selection of the Primary Service Provider and other early intervention services must be documented in TOTS in the service log or in the IFSP note box.

Factors to consider in the selection process:

- (1) Family priorities and concerns that are expressed as outcomes;
- (2) Child's ability to engage meaningfully with the environment;
- (3) Child's ability and needs for appropriate social engagement; and
- (4) Child's developmental needs as documented through the assessments.

8.6 (1) Using the Provider Matrix for Selecting Early Intervention Providers

After identifying the IFSP outcomes that the parent has prioritized and the discussion of what type of early intervention service is needed, the Service Coordinator works with the parent to find

individual providers to work with the family. The First Steps Provider Matrix is introduced to the family. This may be online or in print.

Service Coordinators need to point out information from the provider profiles that match the concerns and priorities of the family such as:

- (a) Provider has experience with specific types of disabilities;
- (b) Provider availability;
- (c) Provider has additional training in an intervention methodology or strategy; and
- (d) Provider's networking status if child has private insurance.

To search for a provider using the Provider Matrix:

- (a) Select "Provider Matrix" from the Management Tool section on the home page in TOTS;
- (b) A search can be conducted by selecting a county, discipline, insurance, availability or provider name;
- (c) Enter the security code shown and select search;
- (d) All available providers based on the search entered will appear at the bottom of the page; and
- (e) Select "Detail" to get to Provider Information Detail.

8.6 (2) Making Referrals to Early Intervention Providers

Referrals offered to a provider must be done in such a manner to prevent discrimination based on the financial resources of the family.

All providers sign an agreement that states:

- (a) Agree to comply with the civil rights requirements set forth in 45 CFR Parts 80, 84 and 90. The Cabinet shall make no payment to providers of service who discriminate on the basis of race, color, national origin, sex, disability, religion, or age in the provision of services.
- (b) Agree to serve all geographic areas of the counties indicated on the appropriate provider enrollment form, unless a waiver from this requirement is granted by the Cabinet.
- (c) Agree to accept First Steps client referrals without discrimination, including but not limited to children with public or private insurance coverage.

Providers who request that children with Medicaid be authorized under an independent contract and children who have private insurance be authorized under an agency contract are in violation of the First Steps Service Agreement. Service Coordinators who assist providers with this violation are committing a violation of the POE contract. Please understand that violations such as these will result in termination of the contract; provider and POE.

To prevent opportunities for discrimination, referrals to a provider must be offered "blind"; that is, offered to the potential provider based only on minimal information that does not violate anti-discrimination laws. For example, "Provider or Agency X, we have a child who needs a speech pathologist. Do you accept this referral?"

***Note:** Referrals to a provider that works for an agency must be made to the agency contact, not the individual provider.

When referring, it is important that the Service Coordinator do this early enough in the process to allow providers (agencies and independents) to check their availability. The Service Coordinator needs to find out the family's needs such as: can they receive services during the morning, afternoon or evening? Is there a day that works better than others?

The Service Coordinator can share this information to facilitate the finding of a provider:

- (a) County: if a large county, can state east, west, north or south portion of the county;
- (b) Time or day restrictions if applicable: family can only receive services in the evening, on Wednesday mornings, etc. There is no need to share this type of information if the family states "any time will work"; and

- (c) Specialized expertise such as experience with feeding issues. This must be handled carefully, the Service Coordinator cannot state the child's medical condition or disability

***Note:** The critical elements that cannot be shared are financial resources, race, ethnicity, disability, etc.

It is inappropriate for a provider to request that authorizations be changed to another contract after they have accepted the referral. Only if someone is changing status (going from an agency to independent or independent to an agency) and the caseload will follow the provider should changes be made. This level of change is conducted in tandem with SLA staff.

8.6 (3) No Provider Available

There may be instances when the IFSP team has identified a specific early intervention service that no provider is available to serve the child. In these situations, the Service Coordinator must complete an *Early Intervention Service Availability Notice (FS-45)*. The SC marks the service that is not available and the reason why. The SC must also create a plan for how to obtain the service for the child and family. If the service is being provided in a clinical setting, this should be temporary and the SC must continue to try to find a provider to serve the child and family in their natural environment. The parent and SLA is provided a copy of the completed form. Documentation of the situation, including the efforts by the Service Coordinator to find a provider, must be entered in a service log for the child by the Service Coordinator.

Should compensatory services be necessary due to the inability of the system to provide adequate early intervention as defined by IDEA, the SLA will work with the POE Manager and Service Coordinator to authorize such services.

8.6 (4) Parent Request for Services that are not Early Intervention Services

Parents may request First Steps to pay for services that are not in agreement with the team or are services that do not meet the standards and definitions for early intervention in First Steps. This includes services that are for medical follow-up and services that are not peer-reviewed or developmentally appropriate. If parents request such services, the Service Coordinator is to provide the parent with a *Notice of Action (FS-9)* and reviews the Parent's Rights using the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure. Services such as these may be listed on the IFSP as "other services". The Service Coordinator is responsible to assist the family in accessing the "other services" on the IFSP.

8.6 (5) Request for Services in Another District

When a child lives in one (1) district and the parent requests that services be provided in another district (due to custody orders or childcare), the POE Manager for each district need to discuss the request. The managers must decide which POE is the appropriate one (1) responsible for the case based upon the access to the parent and child.

8.6 (6) Out of State Service Request

Families who live near the borders of Kentucky may request services be delivered to a site (typically a workplace or childcare environment) that is outside Kentucky. First Steps providers are not required to provide services out-of-state. First Steps enrolls out-of-state providers who meet the qualifications for Kentucky's early intervention services. The Service Coordinator will need to investigate if there are First Steps providers available who can legally work in the other state. If there are no providers who can work out-of-state, the Service Coordinator and parent need to find a location in Kentucky where services can be provided.

If the parent continues to request the provision of services in the other state and no First Steps provider can legally meet this request, provide the parent a *Notice of Action (FS-9)* indicating that the POE is refusing to provide services to an out-of-state location.

8.6 (7) Physicians orders for Therapy:

Physicians often order therapies such as Physical Therapy (PT), Occupational Therapy (OT) and Speech. Nutrition services may also be ordered or recommended. When ordering these services, physicians are doing so based on their clinical knowledge and judgment of need for medical treatment. Medical treatment is not the same as early intervention services provided by First Steps.

Early intervention is rooted in clinical experiences of the providers; however, there are significant differences between early intervention provided through First Steps and clinical or medical therapies.

Early intervention is provided in the settings where the child interacts on a daily basis—the home, the child care classroom, the backyard, the park, the grocery store, etc. Emphasis is on using the naturally found toys, equipment and furniture of those settings to teach the parent how to extend their child's learning throughout the routines of the family. Focus is on the whole child rather than specific developmental skills. Learning for this age group requires frequent repetition and practice. Embedding early intervention into to daily life of the child and family provides the frequency needed for learning.

Clinical or medical therapies are provided to remediate a chronic or acute issue by direct, hands-on interventions with the child. These services are prescribed based on the context of medical treatment. Type of service is determined by one (1) person with the therapist usually determining the frequency and intensity of service based upon clinical standards of care. Focus is typically on one (1) concern and not a holistic approach. Depending upon the type of therapy, specialized equipment is necessary for treatment. Some therapists will suggest a home program of exercises to supplement the clinical visit; however, the expectation is that the goals for therapy are attained through the clinical visits.

The issue that is to be addressed is the purpose of the therapy:

- (a) to remediate a medical issue?
- (b) for medical follow-up?
- (c) ordered as part of a specific medical treatment protocol?

Before adding the ordered services to the IFSP as part of the ongoing early intervention services, the IFSP team has to decide if the reason for the medical therapy fits within the philosophy and purpose of early intervention. If the service needed requires that the infant or toddler be manipulated specifically by the therapist in order to achieve treatment goals, then it may not be a First Steps service. First Steps targets the adult caregiver as the focus of coaching and teaching embedded interventions. Determining that the ordered service is not an early intervention service provided by First Steps does not mean that the child goes without the service, it means that it is an "other service" that the child needs but First Steps is not responsible to provide.

Physician ordered services cannot be added to the ongoing services for the reason that parent wants services in the home instead of going to the clinic or that the parent does not have the resources to provide the service.

8.7 Timelines and Timely Services

Initial IFSPs must be developed within forty-five (45) calendar days of the referral. All services authorized on the initial IFSP must begin no earlier than five (5) working days and no later than thirty (30) calendar days of the date parents give consent for the services. Date of consent is the date the IFSP was signed. Any new service added after the initial IFSP must be provided within the same timeline listed above.

8.8 Parental Notice of Action and Consent for Early Intervention Services

The initial written notice for early intervention services is part of the *Notice of Action & Consent for Screening, Evaluation and Assessment (FS-8)*. Parents give written consent for Early Intervention

Services by signing the IFSP. No early intervention service may be provided without written parent consent. If a family chooses not to receive a service included on the IFSP they may decline that service without jeopardizing other Early Intervention Services. The refusal of the service must be documented on the IFSP signature page as well as in the "IFSP Note" box on the IFSP screen in TOTS.

8.9 Financial Resources

The family's financial resources must be verified prior to the Initial, Six (6) Month review and Annual IFSP meetings using the *Financial Assessment Verification (FS-13)*. Completion of the form must be documented in a Communication Log or Service Log. A new *Financial Assessment Verification (FS-13)* is required any time there is a change to the family's financial status. The Financial Support page in TOTS must be updated each time a *FS-13* is completed.

Parents must give consent for use of private insurance to pay for the initial provision of an early intervention service on the IFSP and each time services increase in the frequency, length, duration or intensity in the provision of service in the child's IFSP. The *Notice & Consent for Use of Private Insurance (FS-12A)* is used for this purpose.

8.10 Initial IFSP

The First Steps IFSP is documented on the IFSP page in TOTS, including a list of IFSP team members and method of participation. Some IFSP data is entered by the SC and some information is pulled to the IFSP from various screens that other individuals have completed. TOTS is designed to export the current IFSP to Word for printing.

Corrections or other modifications to the IFSP needed as the IFSP is entered can be made on the items that the user has access to on the IFSP screen. The items or sections that are pulled to the IFSP screen from other screens must be edited from the screen of origination.

The IFSP in TOTS cannot be changed once it is saved (finalized or locked). It is very important that the Service Coordinator carefully reviews the IFSP **before** finalizing.

(1) **IFSP Meeting Date-** format is of mm/dd/yyyy.

(2) **IFSP Delay Reason-** For initial IFSP's only, if the IFSP date is not within forty-five (45) days of referral, a delay reason must be chosen. In order to determine the cause for delay the Service Coordinator should consider the initial incident that may have resulted in the delay. The Service Coordinator will need to review the delayed IFSP with the POE Manager to ensure the proper delay reason is selected and clearly documented. The delay reason of "Other" should only be selected when no other delay reason is appropriate.

***NOTE:** When entering an initial IFSP on a re-referral TOTS will give an error message that a delay reason is needed to save the plan as final, even when the IFSP is not delayed. Those individuals at the POE that have a District Administrator user profile are able to save the IFSP without selecting a delay reason.

(3) **IFSP Type-** Choose one (1) type:

(a) Initial;

(b) Six (6) Month Review;

(c) Requested Review (used to amend a finalized IFSP before the next Six (6) Month or Annual date); or

(d) Annual.

***Note:** If the IFSP is also the official Transition Conference the Service Coordinator will mark the transition box. Be sure to unselect this box for any IFSP that occurs after the official transition conference.

(4) **Informed Parental Consent-** Consists of four (4) yes or no questions. TOTS defaults to "yes" for these questions. However, these questions must be reviewed at every IFSP and documented accordingly.

- (5) **Family Statement**– Parent Interview Date, Main Concerns, Formal and Informal Supports, Family Worries, Family Desired Changes and Family Priorities are pulled from the Family Assessment screen.
- (6) **Identification of Natural Environment**- This is a text box that the Service Coordinator enters where the early intervention services will take place.
- (7) **Other Services**- This is a text box that the Service Coordinator enters all other services that the child and family need to achieve the IFSP outcomes but are not funded by First Steps.
- (8) **IFSP Participants**- The Service Coordinator indicates the role of each individual who contributed to the IFSP development.
- (9) **IFSP Participants Detail**- List the persons who signed the signature page, their disciplines, date of signature, and how attended (in person, by report, by phone). Be sure to list the name of the provider if they participated by report.
- (10) **IFSP Meeting Note**- This is a record of the discussion and reasons for decisions made by the IFSP team. The Service Coordinator adds details that a reader of the IFSP document need to know. Transition steps to services must be documented here. If a new IFSP is created, the Service Coordinator must delete old information from the note box. The note should contain information relevant to the current IFSP only.
- (11) **Child's Development Levels**- This is populated from the Evaluation/Assessment screen.
- (12) **Outcome**- This is populated from the Outcome Strategy and Activities Information screen.
- (13) **Planned Service**- This is populated from the IFSP Planned Service Information screen. When a subsequent IFSP is created, the planned services that are on the current IFSP carry forward to the pending IFSP and must be edited to reflect changes to the new IFSP. The edits or modifications are made on the IFSP Planned Service Information screen. Any previous authorizations that are no longer needed for the new IFSP must be deleted.

When entering the planned service, these definitions apply:

- (a) Method- how a service is provided. Choices are modeling, assessment, coached caregiver, provide resources, co-treatment and meeting. Only one (1) method may be chosen on Planned Services; this should be the primary method that the provider will use to address the outcome;
- (b) Intensity- group or individual sessions; and
- (c) Setting- the location of the early intervention service. These settings are tied to the provider's rate of pay. Choices are:
 1. family/guardian home (natural environment)- this is a private residence where the child lives;
 2. day care provider home (natural environment)- this is a private residence where the child receives care while the parent is unable to provide care;
 3. day care center (natural environment)- this is a facility where the child attends with other children who are typically developing while parent is unable to provide care;
 4. early intervention center/independent clinic (not natural environment)- this is a special purpose facility where specialized care or services are provided to children;
 5. early childhood center (natural environment)- this is a facility where the child attends with other children who are typically developing for learning and social experiences;
 6. community (natural environment)- these are setting found in the community like libraries, parks, YMCAs, grocery stores, churches, etc.;
 7. hospital (not natural environment)-associated clinic- this is a special purpose facility, under the administration of a hospital, where specialized care or services are provided to children; and
 8. other (not natural environment)- these are settings that do not fit the definitions of setting listed above such as POE offices, service provider office, parent's work setting.
- (14) **Note**- This note box does not print on the IFSP. Add details that a reader of the IFSP document should know, and that would not fit in the previous "IFSP Meeting Note" box.

8.10 (1) IFSP Development for Children with Established Risk Conditions with Age Appropriate Developmental Functioning

If the child has no developmental delays as indicated by the initial evaluation, the IFSP team needs to discuss with the family what the options are for services in First Steps. The child is eligible for First Steps, due to the confirmation of the medical condition, but the child's development is age appropriate and may only require monitoring of developmental progress through assessment. The Service Coordinator can assist with linkages to other services to address developmental supports or informational needs of the family. The individual who conducted the initial evaluation is designated as the Primary Service Provider (PSP) on an IFSP that does not include early intervention services. The DCES conducts the annual 5AA for these children.

If developmental concerns arise during the IFSP plan, the Service Coordinator will consult with the DCES regarding appropriate steps to address the concerns.

The parents may request First Steps to pay for services when their child has an Established Risk condition and is functioning within age appropriate levels as evidenced by the assessment. If parents request such services, the Service Coordinator is to provide the parent with a *Notice of Action (FS-9)* indicating refusal of a service due to the child's age-appropriate functioning and reviews the parent's rights using the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure.

Should the parent access therapy services outside of First Steps, these may be listed on the IFSP as "other services". The Service Coordinator is responsible to assist the family in accessing the "other services" on the IFSP.

8.10 (2) Finalizing the IFSP

The Service Coordinator must finalize the IFSP in TOTS and provide the family a printed copy of the IFSP within five (5) working days of the date of the meeting. A hard copy IFSP must also be sent to those individuals outside the First Steps system that the family consented to receive a copy within five (5) working days. This should be clearly documented in the communication log. First Steps service providers view the IFSP on TOTS. Finalizing the IFSP is also known as "locking" the IFSP.

The IFSP is a contract between the parent and First Steps. Any change to the document without the knowledge of the parent renders the plan null and void. Parents must be notified every time the IFSP is unlocked and given the reason for unlocking. Documentation of this must be in the Service Log and "IFSP Meeting Note".

There should be minimal need to unlock an IFSP for corrections. The best way to correct an error is to always review content before saving or finalizing a plan. Prior to saving the plan, the Service Coordinator reviews all IFSP pages to ensure the information is correct. Errors in planned services can be corrected at this time. Once the Service Coordinator is satisfied that all information is correct, the plan is saved as final and a copy of the plan printed and mailed to the parent. This is documented in the Communication Log.

8.10 (2) (a) Unlocking Plans to Correct Errors

If, after a copy of the plan has been mailed to the parent, it is discovered that the plan contains an error, the Service Coordinator must contact the family to explain that the plan they have received contains an error (be sure to explain what the error is) and that it needs to be corrected in the on-line data management system. This conversation should be documented in both the Service Coordinator service log for the call and in the IFSP meeting note section.

If the correction results in a change to planned services the IFSP cannot be unlocked. A Requested Review IFSP will need to be created. If the change results in an increase in

the frequency, length, intensity or duration of a service written parental consent is required and a face to face IFSP meeting must be scheduled.

The Service Coordinator may request by email that the SLA unlock the IFSP. The POE Manager should be copied on this request. SLA staff will review the request to open the plan. If the SLA staff agrees to unlock the plan the Service Coordinator and POE Manager will be notified that the plan is open for correction. If the SLA staff does not agree to unlock the plan the Service Coordinator and POE Manager are notified of this decision.

***Note:** SLA staff does not make the requested change for the Service Coordinator on an unlocked plan.

The error can then be corrected, a new copy mailed to the parent, and the plan saved as final. This is documented in the Communication Log.

8.10 (3) Implementing the IFSP

Once the parent has given consent, the IFSP is implemented as written. It is a legal contract between the Kentucky Early Intervention System (KEIS) and the family. While the initial IFSP outcomes are written for one (1) year, authorizations for services are limited to no more than six (6) months in length. A review of the IFSP for a child and child's family must be conducted every six (6) months or more frequently if conditions warrant, or the family request a review.

8.11 Six (6) Month Review

IFSPs are written for one (1) year; however, it is reviewed every six (6) months. The purpose of the Six (6) Month Review is to determine the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made and whether modification or revision of the results, outcomes or early intervention services identified in the IFSP is necessary. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

The potential date of the Six (6) Month IFSP should be determined during the Initial IFSP meeting and documented in the Service Coordinator's Service Log for the IFSP meeting. Service Coordinators should begin preparing for the Six (6) Month Review at least forty-five (45) calendar days and no later than thirty (30) calendar days before the date of the meeting.

Preparations for the meeting include:

- (1) Contacting the parent to confirm the potential IFSP meeting date and schedule a time to update the family assessment. During this call the Service Coordinator should discuss with the family their satisfaction with the early intervention services;
- (2) Updating the family assessment no later than ten (10) calendar days prior to the meeting. POE staff shall provide a written report of the family assessment to the family within five (5) working days of the parent interview;
- (3) Reviewing the updated Family Assessment and service logs to determine need for possible revisions;
- (4) Scheduling the meeting;
- (5) Ensuring all providers enter progress reports in TOTS on the Progress Report Screen and mail a copy of the report to the family at least five (5) working days before the meeting; and
- (6) Notifying all IFSP team members of the meeting at least seven (7) calendar days in advance by sending the family an *IFSP Meeting Notice (FS-14)* and scheduling the meeting in the TOTS Scheduler. Each team member will then receive an electronic notice of the meeting.

8.11 (1) Six (6) Month Review by Telephone Conference

The Six (6) Month Review may be conducted by a simultaneous telephone conference call if parents agree to this format. The meeting may be held by phone if:

- (a) there are not any anticipated changes that would require an increase in frequency, length, duration or intensity of early intervention services;
- (b) there is not a change in the method of delivering services;

- (c) there is not a proposed change in service delivery settings on the child's IFSP;
- (d) there is not a proposal to add a new service; or
- (e) there is a decrease or deletion of an existing service.

***Note:** a decrease in an existing IFSP service does not require parental consent. However, the Service Coordinator must provide the family a *Notice of Action (FS-9)* that describes the decrease in service.

On the conference call, if the team agrees that a change to the current IFSP is necessary the discussion should be tabled and a face-to-face meeting needs to be held. Current early intervention services may continue. A new meeting notice is not required.

If the IFSP will continue with no changes to the outcomes or services, a new *IFSP Signature Page (FS-15)* is not needed. The unchanged services will continue without interruption. The Service Coordinator sends a copy of the finalized IFSP to the family within five (5) working days.

The annual redetermination of eligibility must be discussed during the Six (6) Month review IFSP meeting. The parent should be notified that as part of the redetermination of eligibility an annual five area assessment will be completed. This conversation must be documented as part of the IFSP meeting note. This assessment should be authorized as part of Six (6) Month IFSP planned service authorizations. The start date for the assessment should be at least sixty (60) days and no more than thirty (30) days before the end of the Six (6) Month Review IFSP. During the Six (6) Month Review meeting the IFSP team should schedule a tentative date for the Annual Review meeting.

8.11 (2) Six (6) Month Review Held Face-to-Face

The Six (6) Month Review meeting must be held as a face-to-face meeting if there are:

- (a) anticipated changes that would require an increase in the frequency, length, duration or intensity in the child's IFSP;
- (b) a change in the method of delivering services or a change in service delivery settings on the child's IFSP; or
- (c) the addition of a new service on the child's IFSP.

The Service Coordinator will document the IFSP meeting and issue authorizations for ongoing services by:

- (a) Pre-populating an IFSP;
- (b) Making any necessary changes to the IFSP;
- (c) Entering authorizations on Planned Services; and
- (d) Finalizing the IFSP.

If changes are made to the IFSP at the Six (6) Month Review meeting, the Service Coordinator must provide the family a *Notice of Action (FS-9)* that describes the proposed changes to the IFSP. The parent will sign a new *IFSP Signature Page (FS-15)* while at this meeting. The family has the opportunity to indicate consent for services (including any new service) or any declination of a service on the signature page of the IFSP. The Service Coordinator sends a copy of the signature page with the finalized IFSP to the family within five (5) working days.

If insurance is the payor for the new service or if there are increases to the length, frequency, duration or intensity of early intervention services, the parent must give consent to use insurance by signing the *Notice & Consent for Use of Private Insurance (FS-12A)*.

If the IFSP will continue with no changes to the outcomes or services, a new *IFSP Signature Page (FS-15)* is not needed. The unchanged services will continue without interruption. The Service Coordinator sends a copy of the finalized IFSP to the family within five (5) working days.

The annual redetermination of eligibility must be discussed during the Six (6) Month review IFSP meeting. The parent should be notified that as part of the redetermination of eligibility an annual five area assessment will be completed. This conversation must be documented as part of the IFSP meeting note. This assessment should be authorized as part of Six (6) Month IFSP planned service authorizations. The start date for the assessment should be at least sixty (60) days and no more than thirty (30) days before the end of the Six (6) Month Review IFSP. During the Six (6) Month Review meeting the IFSP team should schedule a tentative date for the Annual Review meeting.

8.11 (3) Editing Outcomes

During the Six (6) Month IFSP, the Service Coordinator will review the outcomes on the current IFSP. The progress of each outcome will be discussed with the team. There may be instances when outcomes are met, need to be modified or the parent may choose to discontinue the outcome. Once the outcome has been reviewed the SC must determine if the outcome is one of the following:

- (a) Achieved;
- (b) Continued;
- (c) Continued with changes; or
- (d) Discontinued.

8.11 (3) (a) Outcome Has Been Achieved

On the Outcome Strategy and Activities Information page in TOTS, the SC will:

- 1. Select the "edit" button for the outcome to be reviewed;
- 2. Enter "Date Reviewed" with the date of the IFSP meeting;
- 3. Choose "Achieved" as the "Outcome Status"; and
- 4. Select "Save".

***Note:** Achieved outcomes must remain on the IFSP until the next natural IFSP. At the next natural IFSP, the outcome can be deleted.

8.11 (3) (b) Outcome Is Continued

On the Outcome Strategy and Activities Information page in TOTS, the SC will:

- 1. Select the "edit" button for the outcome to be reviewed;
- 2. Enter "Date Reviewed" with the date of the IFSP meeting;
- 3. Choose "Continued" as the "Outcome Status"; and
- 4. Select "Save".

8.11 (3) (c) Outcome Is Continued With Changes

On the Outcome Strategy and Activities Information page in TOTS, the SC will:

- 1. Select the "edit" button for the outcome to be reviewed;
- 2. Edit the outcome in the "Outcome" box;
- 3. Edit procedures for the outcome as needed in the "Procedure" box;
- 4. Enter "Date Reviewed" with the date of the IFSP meeting;
- 5. Choose "Continued With Changes" as the "Outcome Status";
- 6. Document the justification for the change to the outcome in the "Outcome Review" box; and
- 7. Select "Save".

8.11 (3) (d) Outcome Is Discontinued

On the Outcome Strategy and Activities Information page in TOTS, the SC will:

- 1. Select the "edit" button for the outcome to be reviewed;
- 2. Enter "Date Reviewed" with the date of the IFSP meeting;
- 3. Choose "Discontinued" as the "Outcome Status"; and
- 4. Select "Save".

8.12 Requested Review

A revision to an existing IFSP may occur when requested by the parent only or by the parent and an IFSP team member and when an Early Intervention Service is changed.

There must be child or family specific data that supports the need to revise the IFSP. Revisions must be a result of data collection describing the variety of strategies that have been implemented by the early intervention provider(s) and parent to date and the results from the ongoing assessments by the early intervention provider(s). The data must be recent and collected by a qualified professional.

It is recommended that a reasonable timeline (approximately three (3) months) be reached before IFSP teams consider instituting any changes to the IFSP. This allows for adequate data collection to determine if changes are warranted. The IFSP team may need to consider different strategies to implement rather than adding a new service or increasing the frequency and intensity of the Early Intervention Services listed on the IFSP.

When there is a request to add a new service to an existing IFSP, a face-to-face meeting is required. The Service Coordinator will:

- (1) Schedule a Requested Review meeting; and
- (2) Send the family an *IFSP Meeting Notice (FS-14)* at least seven (7) calendar days prior to the meeting.

***Note:** It is not appropriate to add a new service to an IFSP without a face-to-face team meeting to discuss the request.

Should the IFSP team agree that changes are warranted the Service Coordinator will document the changes and issue authorizations for ongoing services by:

- (1) Pre-populating an IFSP;
- (2) Making any necessary changes to the IFSP;
- (3) Entering authorizations on Planned Services; and
- (4) Finalizing the IFSP.

***Note:** See section 8.11 (3) for procedures on how to edit outcomes.

Unchanged services are to continue without interruption; new services must begin no earlier than five (5) working days and no later than thirty (30) calendar days from date of IFSP meeting.

A *Notice of Action (FS-9)* must be provided to the parent when there are changes to existing IFSP services or when the POE staff refuses to implement an action. A copy of the Parent's Rights in Kentucky's Early Intervention System: First Steps brochure must be sent with the *Notice of Action (FS-9)*.

8.12 (1) Hearing Evaluation for child that has IFSP

Evaluations authorized to update the IFSP (child in service with First Steps)—the Service Coordinator must have a pre-populated IFSP in place for evaluation/assessment reports to be entered.

Procedures for making a referral to the CSHCN:

- (a) Update demographic and health screens on TOTS;
- (b) Ensure that the parent receives prior notice and gives consent for the Hearing Screening/Evaluation on the *Notice of Action & Consent for Assessment (FS-7)*;
- (c) Complete the *Consent to Release/Obtain Information (FS-10)* for the CSHCN so that hearing information may be shared between First Steps and the CSHCN;
- (d) Complete the *Referral Form to CSHCN (FS-37A)*;
- (e) Fax the *FS-37A and FS-10* to the CSHCN office;
- (f) Assist family by calling the local CSHCN office to set-up an appointment or instruct the family to call to make an appointment;
- (g) Pre-populate a Requested Review IFSP;

- (h) Issue an authorization for the screen/evaluation on the Planned Services Screen in TOTS;
- (i) Finalize the IFSP;
- (j) Document in TOTS that the referral to the CCSHCN has been made;
- (k) Once the CCSHCN completes the evaluation they will notify the Service Coordinator;
- (l) Pre-populate a Requested Review IFSP to allow the report to be entered by the CCSHCN; and
- (m) Once the report has been entered by the CCSHCN, finalize the IFSP.

8.13 Annual Evaluation of the IFSP

The timelines for the annual evaluation of the IFSP must be carefully observed to ensure that the current IFSP does not lapse or terminate prior to the development of a new IFSP, should the child remain eligible. See Chapter 6, Annual Re-determination of Eligibility for additional information.

Service Coordinators should begin preparing for the annual IFSP:

- (1) At least sixty (60) calendar days prior to the Annual IFSP date by sending the family a *Notice of Action for Annual Eligibility Determination (FS-18)*;
- (2) Ensure that the annual 5AA is conducted no earlier than sixty (60) and no later than thirty (30) calendar days prior to the annual IFSP date; and
- (3) Conduct the family assessment at least fifteen (15) and no earlier than twenty-five (25) calendar days prior to the date of the meeting. The Service Coordinator must provide the family with a copy of the family assessment within five (5) working days of the date of the assessment.

All IFSP team providers must enter progress reports on TOTS in the Progress Report screen and mail a copy of the report to the family at least five (5) working days before the meeting.

The annual evaluation of the IFSP includes the requirement that current assessments and other information be used to:

- (1) Develop new outcomes that help to identify what Early Intervention Services are needed; and
- (2) Determine what services will be provided.

The Service Coordinator schedules the annual meeting in TOTS (Scheduling Tool) and sends the family an *IFSP Meeting Notice (FS-14)* at least seven (7) calendar days prior to the meeting.

Unchanged services are to continue without interruption. New services are to begin no later than thirty (30) calendar days from date of IFSP meeting.

8.14 Lapsed IFSP

Service Coordinators must make every effort to hold the Six (6) Month or Annual IFSP meeting in a timely manner. When the Six (6) Month or Annual Review meeting has been cancelled and a new meeting does not take place prior to the end date of the authorized planned services, the Service Coordinator reviews the case with the POE Manager and/or the District Child Evaluation Specialist to determine the cause of the delay and the most appropriate next step. Parents must be informed fully of the cause for the delayed meeting and the impact such a delay may have on services to the child. If the plan lapses due to reasons other than parent initiated reasons and the child does not receive the IFSP services as written on the IFSP, the child may be eligible for compensatory services.

If the plan lapsed due to parent initiated reasons, no compensatory services will be provided. Parent initiated reasons include frequent or persistent rescheduling of the IFSP meeting, no notification of need to cancel scheduled IFSP meeting, or illness of a family member or child.

8.15 IFSP Extensions

IFSP extensions are no longer allowed. The SC will follow the procedures based on the next naturally occurring IFSP.

If the child is close to turning three (3) and aging out of the program and the parent declines to move forward to develop an IFSP, the POE must ensure that all transition activities have been completed and will close the case. The exit reason on the Transition page in TOTS will reflect one of the following:

- (1) Part B Eligible;
- (2) Not Eligible for Part B-Exit to Other Program;
- (3) Not Eligible for Part B-Exit with No Referrals; or
- (4) Part B Eligibility Not Determined-Other.

8.16 Intensive Level Evaluation (ILE) Request for Children with an IFSP

The purpose of an ILE in cases where a child has an IFSP is to gain in-depth information so that the IFSP team can develop effective interventions and services in a timely manner. The information needed cannot be provided through the available 5AA, initial evaluation, on-going assessment of progress, and/or any appropriate discipline-specific assessments. The results of the ILE must have direct impact on the IFSP.

ILEs may be approved when the following issues arise and there is clear documentation that:

- (1) The child is not responding as expected to intervention, despite attempts by the early intervention providers to change interventions;
- (2) The child is suspected of having an Established Risk Condition that requires significant change to the intensity, frequency, and methodology of IFSP services;
- (3) The child's progress appears to be impeded with no clear reason for the lack of progress and the IFSP team suspects that additional information will impact the IFSP services and interventions;
- (4) The child's ongoing assessment information is contradictory and the IFSP team is unable to develop appropriate interventions.; and/or
- (5) Documentation supports that the IFSP has been implemented with fidelity by all team members, including the family and the child continues to show a lack of progress.

Requests for an ILE will not be approved for the following issues:

- (1) Child has medical sub-specialty information (i.e., from genetics, neurology, etc) available. An ILE adds little additional information to the information already available to the IFSP team;
- (2) Eligibility for Special Education Services (Part B) through the local district. While information from First Steps is valuable for the district to use as they process a referral from First Steps, it is not First Steps responsibility to conduct additional testing to establish eligibility or future educational placement for the schools. No ILE submitted ninety (90) days prior to the third birthday will be approved;
- (3) Parental desire to obtain a medical diagnosis for future services once the child exits First Steps. ILEs are approved for the impact the information has on current IFSP services—not future services that parents may seek. Service Coordinators may assist families in obtaining the appropriate resources to provide this information; or
- (4) Requests that do not include current quantitative and qualitative data to support the need for the ILE. The information must be documented in TOTS as progress reports. Data must be specific and consistent with service log documentation and clearly support the position of the IFSP team. General statements, vague descriptions and lack of quantitative data are unacceptable.

***Note:** For children with language or speech as the only concern, there must be a current audiology evaluation that definitively identifies level of hearing.

The need for an ILE should first be discussed with the DCES. If the decision is to submit a request, the Service Coordinator provides the family with a *Notice of Action & Consent for Secondary Level Evaluation (FS-30)*, describing that an ILE is for in-depth assessment of the child's developmental status. The parent must give written consent for the ILE as the initial consent for evaluation does not apply to an ILE conducted after eligibility is established.

The Service Coordinator must complete the *Record Review Cover Letter & Request (FS-16)*. The TOTS record for the child must be up-to-date with all information: referral, health, evaluation, family assessment, IFSP screens, plus all Service and Communication Logs. The DCES must review to ensure that all of the required components for an ILE are present and that the request for the ILE is appropriate.

To request an ILE for a child in ongoing services, the *Request for Intensive Level Evaluation (FS-31)* must be completed and faxed to the State Lead Agency (SLA). Once SLA approval is obtained, the

Service Coordinator submits the child's record to the designated Record Review Team and follows up with the family to notify them that the ILE has been approved.

The ILE report is written within ten (10) calendar days of the completion of the ILE. The IFSP team then reconvenes to discuss the findings and revise the IFSP following the procedures outlined in the Requested Review Section of this manual.

If the ILE is not approved by the SLA, the SC must provide the family with a *Notice of Action (FS-9)* and document in a Communication Log in TOTS.

8.17 Early Intervention Services

The hours allotted for service coordination, service assessment and collateral are not included in the hours allowed for Early Intervention Services for the child and family.

- (1) If the child needs only one (1) Early Intervention Service, the team can plan for up to twenty-four (24) total hours of intervention for a six (6) month plan.
- (2) If the child needs more than one (1) Early Intervention Service, the team can plan for up to thirty-six (36) total hours of intervention.
- (3) For early intervention, service must be limited to one (1) hour per day per discipline per child.
- (4) Payment for siblings seen at the same time is calculated by dividing the total time by the number of siblings to determine the amount of time to bill per child.

IFSP teams need to discuss the distribution of units with consideration for the implementation of the PSP model and the individual needs of the family and child. Other resources or services that the family may be using should also be considered before identifying that an early intervention service is required. For example, it may be appropriate to have more units in the beginning of the plan to address critical prerequisite skills or to capitalize on the child's readiness for the skill. Service visits may then become less frequent in response to the child's progress. Other configurations may also be discussed that meet the needs of the family.

8.17 (1) Collateral Service

A provider is not able to bill for collateral services if:

- (a) the meeting is held by phone;
- (b) they participate by report only;
- (c) they participate as a representative of an "other" service on the IFSP; or
- (d) the Service Coordinator is not physically present at the meeting.

8.17 (2) Natural Environments

Natural environments mean settings and service delivery systems that are natural or typical (normal) for the family and for the child's same-age peers who have no disability. This includes the home and other community settings in which children without disabilities participate. Natural environments include both the places and materials where one expects infants and toddlers (with and without disabilities) to experience every day. These are the types of places where very young children engage in learning opportunities that promote and enhance their development. Services and supports should encourage opportunities for the development of relationships with children without disabilities and with a variety of adults in the community. These opportunities should also provide typically developing children with the opportunity for positive interactions and relationships with infants and toddlers with disabilities.

First Steps service providers, particularly the Service Coordinator, help the family understand the importance of using natural environments and offer assistance to identify natural supports and incorporate those into the delivery of all First Steps services.

The IFSP includes:

- (a) A description of the natural environment, which includes natural settings and service delivery systems, in which the Early Intervention Service is to be provided;

- (b) How the skills shall be transferred to a caregiver so the caregiver can incorporate the strategies and activities into the child's natural environment; and
- (c) How the child's services may be integrated into a setting in which other children without disabilities participate.

If the service cannot be provided in a natural environment, the SC shall document the reason on the IFSP Planned Service Information page in the "Justification for non-natural env." box.

Documentation must include:

- (a) Why the IFSP outcomes cannot be achieved satisfactorily in a natural environment;
- (b) How the service provided in this location or using this approach/materials will carry over to support the child's ability to function in the natural environment; and
- (c) A time line when the service is expected to be delivered in a natural environment.

8.17 (2) (a) Delivery of Early Intervention Services in Prescribed Pediatric Extended Care (PPEC) Facilities

Prescribed Pediatric Extended Care (PPEC) facilities are licensed medical facilities that provide necessary specialized care to children who meet the state definition:

"Infants and children considered for admission to the PPEC facility shall be those with complex medical conditions requiring continual care, including but not limited to, supplemental oxygen, ventilator dependence, cystic fibrosis, apnea, spinal cord injury and malignancy, etc. The care provided to these children is specialized child care due to the nature of their medical conditions."

Early intervention services may be delivered to a child at the PPEC. The setting choice in TOTS for this location is EI Center/Independent Clinic. Service coordinators must ensure that providers understand that the payment rate for services at the PPEC is lower than the natural environment rate for services.

8.17 (2) (b) Natural Environments and Family Choice

Early Intervention Service decisions are team decisions; therefore, justification for a service decision that establishes services outside the practice of the principles of natural environments cannot be based alone on family choice. While the family provides significant input regarding the provision of appropriate Early Intervention Services, ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location and approach of such services, rests with the IFSP team as a whole. The state bears no responsibility for Early Intervention Services that are selected exclusively by the family, outside of the IFSP team, or those services that are selected outside the bounds of natural environments without clear justification for the choice.

8.17 (3) Service Limitations

The IFSP team must plan services according to the number of service hours identified in 902 KAR 30:200, unless approval for exemption to the limits has been obtained. IFSP teams design a plan within the service limits by placing the child's needs and the family's priorities as their primary consideration and by utilizing the PSP model.

To act in the best interest of the child and family, providers must implement the PSP model, use a professional approach to decision-making, use a proactive approach to service decisions about frequency and intensity, and adapt the planning process to incorporate the required limitations.

8.17 (3) (a) Requests for Exception to Service Limitations

IFSP teams may determine, based upon the unique needs of the child and family, if additional hours are needed to effectively implement the IFSP. The request for additional hours of early intervention service must be a result of the team's documented efforts to utilize all resources available to the family and be in compliance with the payor of last

resort provisions of First Steps. IFSP teams may not request services that are not provided by First Steps and are the responsibility of another funding source. First Steps funding will not be used to provide services when a parent chooses to not use the resources available to them outside of First Steps. The team must first clearly identify the reasons for the additional hours of service based upon at least one (1) of the following factors:

1. **Lack of Progress:** The child is making little or no progress which is documented in TOTS. Required documentation to substantiate lack of progress:
 - a. Current progress notes that includes data specific to the lack of progress;
 - b. Assessment results; and
 - c. Anecdotal notes or observation notes that include data specific to the lack of progress. This is documented in the progress summary on the Progress Report screen.
2. **Critical point of instruction:** The child is making progress and with added visits the parents will learn new techniques to move the child to the next level of skills and directly address the priorities of the family and an IFSP outcome. The service increase is expected to be short term and the request for additional hours clearly indicates the need for the additional hours for a period of three (3) months or less. This shows responsiveness to an immediate need. The team will decide on the duration of services and will review any ongoing need when the authorization expires. Documentation must support the critical point of instruction and demonstrate the positive impact of the additional units.
3. **PSP model is implemented:** The IFSP team is implementing the PSP model with coaching of the parent as the main service delivery methodology. The documentation is clear that additional hours are necessary to provide the intensity of coaching necessary for implementing the IFSP. The intensity of coaching is determined by the rate of progress demonstrated by the child with increased intensity required when faster progress noted. The distribution of hours should clearly indicate that one (1) provider has been assigned the majority of hours as the PSP.
4. **Regression:** The child has regressed in his or her skill development and additional intervention is needed to address the concern. Developmental regression in children is never normal; however, situational skill regression can occur following a period of missed intervention or a reaction to a trauma such as divorce, family death, etc. For example, the provider has not been able to see the child because of hospitalization or long term illness and the child has regressed due to lack of instruction during that period. The regression has to be more than what is expected when instruction is suspended for a period of time. Consideration for additional hours is based on the use of the "missed" hours before any additional hours are authorized.

The parents must be provided notice and give written consent for the request for service exception. This is done by using the *Notice of Action & Consent for Secondary Level Evaluation (FS-30)*.

Requests for an exception to the service limitations are sent to the Record Review Team. To request consideration of additional hours:

1. The IFSP team must complete the *Record Review Cover Letter & Request (FS-16)* and the *Service Exception Supporting Documentation Form (FS-17)*;
2. Review the request with the DCES;
3. Complete the Record Review page in TOTS; and
4. Submit the completed forms (*FS-16 and FS-17*) by fax to the Record Review Team. Where available, the request must include citation of the peer reviewed research that supports the request. If not available, clinical data must be used to demonstrate the efficacy of interventions utilized to meet the IFSP outcomes.

Within ten (10) calendar days of submitting the request, the Record Review Team will enter recommendations on the Record Review Information page in TOTS. A notification is generated on the SC's announcement page.

***Note:** If service limitations are approved by Record Review, they are only valid for the life of the current IFSP. A new request for service limitations must be submitted if the IFSP team determines they are needed at the next naturally occurring IFSP.

8.17 (3) (a) 1. Appeal of Record Review Recommendations

If the IFSP team does not agree with the recommendations from the Record Review Team, an appeal to the SLA may be made. The appeal must be submitted to the attention of the Part C Coordinator. The IFSP team must submit a letter either by fax or email as an attachment, which clearly states the reasons for disagreement with the recommendations from the Record Review Team. Additional information may be included but if the Record Review Team did not have access to the newly submitted information, it will not be considered.

Should the IFSP team disagree with the findings of the SLA; the team must reconvene and include a representative of both the Record Review Team and the SLA. If the IFSP team, at the end of this meeting, determines that the services are still needed an authorization will be issued for the duration of the IFSP plan period.

8.17 (4) Group Services

Group instruction in First Steps refers to a learning environment where multiple children are receiving Early Intervention Services in the same room and interacting with one (1) or more instructors and with multiple peers. Group instruction has a common focus and intervention intent that is needed for the specific group of children enrolled in the group setting.

Families often enroll their children in group settings such as preschool or childcare. Frequently, Early Intervention Services are provided individually to a child at that group location. The IFSP services are not an integrated component of the group setting—the child's participation in the group program is coincidental (in other words, the child just happens to be there). The purpose for the child attending the program is not related to the IFSP.

Group instruction is not typically required to achieve early intervention outcomes; however, when considered necessary, the IFSP team may decide to identify group instruction for the child's services.

The IFSP team must fully discuss the reasons that support the decision to provide an Early Intervention Service through group instruction. Additionally, when considering group instruction for service delivery, the IFSP should answer the following questions:

- (a) Does the child require interaction with peers in order to benefit from the Early Intervention Services provided? Keep in mind the egocentric nature of infants and toddlers. Solitary and parallel play is typical for this age group. Spontaneous peer interactions are limited and, if peer interactions are needed as part of the Early Intervention Service, then adult mediation or facilitation may be required for the full instructional benefit to be achieved.
- (b) Is the child being placed in this group in order to achieve the outcomes identified on the IFSP? Is the purpose of the group specific to children with disabilities or other special needs? Will the time spent in "group" impact the outcome? If "group" instruction is required to achieve the outcome, how will this be achieved when the child is not in "group"? How will the family replicate group instruction if this is the methodology that the child must have to achieve the IFSP outcomes?
- (c) Is group instruction a viable teaching methodology for the age and developmental level of the child? Will the child benefit from less individual instruction/attention that occurs when

providing group instruction? What enhancement to learning will this methodology produce that individual instruction cannot provide? The child's ability to focus on the appropriate model or adult while facing the distractions of other children is critical to ensure effective group instruction.

The decision to provide group instruction is a deliberate decision that supports the specific instructional methodology necessary to teach this child and family. It is not a decision based upon the belief that a child will generally benefit from the group. Typically, all children will gain some level of incidental benefit when in a group learning environment. Early Intervention Services are comprised of specially designed strategies that are not gained through the typical curriculum of a child care or preschool environment. Group instruction has clear learning objectives that are regularly assessed to validate the effectiveness of the instruction.

It is unacceptable to identify group instruction for the following reasons:

- (a) To provide general benefit;
- (b) To prepare for preschool;
- (c) To provide opportunity for play with peers when communication and social skills are developmentally appropriate for peer interaction; or
- (d) To provide convenience for providers.

Justification for the decision for group services must be documented in the IFSP Meeting Note box on the IFSP page in TOTS.

When a child is authorized for group services, the child must receive the group instruction for the full time authorized for group. Individual services such as OT or Speech cannot be provided during the group instruction time. If a provider delivers individual services during the group session, the group session time must be adjusted to reflect the lack of group instruction while the child was seen individually.

If two (2) providers (individual discipline and group leader of different discipline) are working with the child in order to ensure the child's engagement and participation in the group, this must be indicated as co-treatment. Documentation must support that both interventionists were addressing the same outcome and skills in a coordinated and planned approach.

8.17 (4) (a) Limitations for Group Services

1. Group service is not included in the twenty-four (24) or thirty-six (36) hours of early intervention per six (6) months.
2. Children are not eligible for both group and individual services to address the same developmental domain currently on the IFSP (for example: a child cannot be enrolled in group services to address communication concerns and have speech therapy services).
3. A group provider must be approved by the Department for Public Health (DPH) and can practice without direct supervision.
4. The ratio of staff to children in group early intervention is limited to a maximum of three (3) children per professional and paraprofessional per group.
5. Group is limited to an additional forty-eight (48) hours during a six (6) month plan.

8.17 (5) Co-Treatment

Co-treatment is when more than one (1) early interventionist provides services for a child and family at the same time. Since First Steps utilizes both the Primary Service Provider and the Consultative Models of service delivery, co-treatments are encouraged when more than one (1) provider is on an IFSP. This enables the Primary Service Provider the ability to follow-up with the family and child when the supplemental service is not there.

Payment for co-treatments is limited to three (3) disciplines providing services concurrently. TOTS billing must reflect the same date and time of service for all providers co-treating.

If the child has private insurance as payor 1, each provider must bill insurance according to the requirements of the insurance plan.

8.17 (6) Respite

Respite may be a service provided to the family for the purpose of providing relief from the care of the child in order to strengthen the family's ability to attend to the child's developmental needs. The need for respite must be clearly associated with the child who is receiving IFSP services and is required due to the stress on the parent created by the First Steps enrolled child. Respite services are not provided due to multiple children in the home or a need for babysitting.

Respite is subject to the following limitations:

- (a) Payment shall be limited to no more than eight (8) hours of respite per month;
- (b) Respite hours are not allowed to accumulate beyond each month; and
- (c) Respite is limited to families in crisis, or strong potential for crisis without the provision of respite.

If an IFSP team determines that respite services are required for a family, the Service Coordinator shall notify the State Lead Agency of the team's decision. The Service Coordinator should email the child's TOTS identification number to the general First Steps email address at chfs.firststeps@ky.gov and note Respite Request as the subject. Respite services are entered on the IFSP as an "Other Service". Respite is not entered in planned services.

8.17 (7) Transportation

Transportation may be a service provided to the family for the purpose of accessing early intervention services not available in the child's home. Transportation is limited to providing reimbursement to a family to cover the cost of transporting the child to appointments and services with an enrolled early intervention provider.

If a family is in need of transportation assistance the Service Coordinator should notify the State Lead Agency. The Service Coordinator should email the child's TOTS identification number to the general First Steps email address at chfs.firststeps@ky.gov and note Transportation Request as the subject. Transportation services are entered on the IFSP as an "Other Service". Transportation is not entered in planned services.

Chapter 9: Assistive Technology

Assistive technology (AT) services and devices are a type of Early Intervention Services as defined by Part C of the IDEA. Federal and state regulations implementing Part C of IDEA provide for assistive technology devices when these devices are necessary to increase, maintain, or improve the functional capabilities of an infant or toddler in one (1) or more of the following areas of development:

- (1) Motor;
- (2) Communication;
- (3) Cognitive;
- (4) Social-emotional; and
- (5) Adaptive.

The federal definition of assistive technology device is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance or replacement of that device.

The federal definition of assistive technology service is a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology services include:

- (1) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment (natural environment);
- (2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (5) Training or technical assistance for a child with disabilities or, if appropriate, the child's family; and
- (6) Training or technical assistance for professionals (including individuals providing Early Intervention Services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities (34 CFR Sec. 303.13 (B)(i)).

AT devices can range from items considered low technology to those considered high technology. Low technology devices are items that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials. High technology devices include sophisticated equipment and may involve electronics.

***Note:** A listing of commonly approved AT can be found on the First Steps to Assistive Technology website: <http://kyonlinecommunityofpractice.ning.com/>

The IFSP team determines whether assistive technology is necessary to increase, maintain, or improve the functional capabilities of a child. The IFSP team decides that AT is needed, based either on an AT Assessment completed by an AT Provider, or by a provider on the child's team qualified to make that recommendation. AT devices appropriate for First Steps purchase must be usable by the child/family independently to meet a developmentally appropriate outcome. Devices are not to be used solely as a therapy tool by an early intervention provider.

9.1 AT Process

The AT Provider or other Service Provider on the child's team makes recommendations as to the AT device needed. If an assessment was authorized and completed related to this process it must be entered in the child's TOTS record on the Evaluation/Assessment Information screen by the provider.

IFSP teams are required to consider short-term rentals or a documented trial of any item to be sure it is appropriate for a child before purchasing. The IFSP team determines whether this is an item that can be rented, and whether rental is a reasonable option for this child. An informed decision is made whether to rent or purchase. Refer to 9.4 (2) (d) for further explanation regarding ownership of purchased items. The Service Coordinator must document justification for the AT device and that the use of the device is linked to the child outcomes on the AT Device page in TOTS.

9.2 Notice and Consent for Assistive Technology

The first time a family agrees to obtain assistive technology, the Service Coordinator must provide the parent a *Notice of Action (FS-9)* and obtain parental consent on the *IFSP Signature Page (FS-15)* that includes the AT. If at any time the parent requests assistive technology that the IFSP team determines is not necessary, then the Service Coordinator must complete a *Notice of Action (FS-9)* that indicates the reason for denying the parent's request for assistive technology.

If a device is not the initial assistive technology purchase, but is a replacement or additional device, the Service Coordinator must complete a *Notice of Action (FS-9)* for a change in IFSP for the device; however no consent is required.

A provider may use his or her own assistive technology device on a short-term, trial manner in order to determine if it might be appropriate for a child (e.g., trying it out). This does not require an IFSP team decision. Merely trying a device would not trigger a change in the IFSP and does not require *Notice of Action (FS-9)*. The Service Coordinator notes any discussion with the provider or family regarding this trial in the Service Log on TOTS.

9.3 AT Evaluations

Children should be evaluated for assistive technology in their typical, daily setting rather than in a specialized clinic. This is so the evaluator can base recommendations on the child's functioning in the setting that he or she is most comfortable. This also provides the evaluator the opportunity to see the physical layout of the environment which may influence recommendations.

Speech therapists, occupational therapists, physical therapists and developmental interventionists who are working with a child on an ongoing basis are required to continually assess the needs and progress of the child. A therapist may recommend an AT device based upon the documentation of the continual assessment of the child. No authorization is required for this type of AT evaluation.

In-depth evaluations in the natural environment or at an AT Center may be appropriate for some children due to the complexity of needs. An authorization on the Planned Services page in TOTS is required for an AT evaluation.

9.4 AT Device Procurement Procedures

9.4 (1) Rental

- (a) The Service Coordinator contacts the AT Center to determine if the requested item is available for rent and the cost of the item. On the AT Device page on TOTS, the estimated cost of the item is required, not the monthly rental fee. If the requested item is available from that AT center, center staff will place a hold on the item and the Service Coordinator authorizes the AT device on planned services.
- (b) If the requested item is not available from that AT Center, the Service Coordinator will contact another AT Center or search for the item through the Kentucky Assistive Technology Locator website (<https://katsnet.at4all.com/>) to locate the item. If no rental can be found, the team should consider if a purchase is warranted.
- (c) Once the Service Coordinator locates a center that has the requested item available for rent, the Service Coordinator will complete the AT Device page on TOTS and authorize that Center on the Planned Services page. Each device requested must be entered separately.

On the Planned Services page, the Service Coordinator enters:

1. Enter the outcome number(s) addressed in "Outcome # (s)";
 2. Enter "Date Originated";
 3. Enter "Start Date" and "End Date" (date of the approval and plan end date);
 4. Ensure that "Accept Service" is checked;
 5. Do not check "Permit Insurance" for rentals;
 6. For "Service Name", select AT Device;
 7. "AT Device": User chooses one (1) device for each authorization;
 8. For "Provider", select the appropriate Agency and Provider;
 9. "Method of Delivery", select Provide Resource;
 10. "Intensity", select Individual;
 11. "Setting", select Family/Guardian Home;
 12. "Frequency", add frequency number and select biannually;
 13. "Length", enter one (1) HR;
 14. "Payor": for rentals, always choose First Steps as Payor One (1); and
 15. In the "Note" section, briefly state the maximum total liability based on the rental price X term;
- (d) Once AT device has been authorized on Planned Services, TOTS will send an individual message through the announcement feature. The AT Center will complete a service log noting the AT item and cost of the first month's rental. Each month of the authorized rental, the AT Center will enter a Service Log.
- (e) The AT Center will complete the Account Payable page on TOTS each month of the loan.
- (f) State Lead Agency staff will approve or disapprove the loan amount.
- (g) The AT Center will find the item listed as approved or disapproved on the child's Account Payable screen and on their own agency invoice report. Once the State Lead Agency makes a billing approval decision, TOTS will send an individual message through the announcement feature which will allow the child's name and other details to be included directly to the AT Center provider notifying them.
- (h) If approved, the AT Center will inform the SC the equipment is ready for pick up or make arrangements for shipping to the POE office. ***Note:** AT providers who deliver prior to the State Lead Agency approval risk the item not being approved for payment.
- (i) The Service Coordinator will arrange for delivery to the family by the requesting provider who will show family how to use it.
- (j) The Service Coordinator will enter the date of delivery on the AT Device page on TOTS.
- (k) The Service Coordinator is responsible for informing the family that the AT device is rented and explain how and when it will be returned.

9.4 (1) (a) Rental Fees and Lengths

9.4 (1) (a) 1. Fees

Items valued up to \$100	\$10 per month
Items valued between \$101-\$250	\$25 per month
Items valued between \$251-\$500	\$35 per month
Items valued between \$501-\$1,000	\$50 per month
Items valued between \$1,001-\$2,500	\$75 per month
Items valued between \$2,501-\$5,000	\$100 per month

9.4 (1) (a) 2. Length of Rentals

Under \$100	1-4 month loan
\$100 - \$500	1-8 month loan
\$500 & up	1-10 month loan

9.4 (1) (b) Items Not Rented

1. Software;
2. Bath chairs;
3. Eating utensils; and
4. Weighted vests/blankets.

9.4 (1) (c) Return of Rented AT Devices

It is the Service Coordinator's responsibility to pick up the item when: the loan time period is over, when the item is no longer in use or when the child exits First Steps, whichever is sooner.

1. The Service Coordinator will complete the AT Device page on TOTS to indicate the final disposition of the item; and
2. The Service Coordinator will document the return date and circumstances on the AT Device page on TOTS, in their service coordination service log (not AT service log), and on any future IFSP and/or the transition/exit screen.
3. If the Service Coordinator is not able to recover the rental item, per rental agreement signed by the parent, the family will be billed the listed value for the lost item.

9.4 (2) Purchase of the AT Device

First Steps will not consider purchase of AT device(s) regardless of cost during the ninety (90) days prior to the child's third birthday. Other payor sources must be exhausted prior to purchase of the device(s) with First Steps funds. Please refer to *The Buck Starts Here – A Guide to Assistive Technology Funding in Kentucky*

(http://www.katsnet.org/docs/The_Buck_Starts_Here_2013.pdf).

Purchases

- (a) The Service Coordinator contacts the AT Center to determine the estimated price of each item and records this on the AT Device page on TOTS;
- (b) The Service Coordinator seeks funding through all other possible sources, such as a durable medical equipment (DME) provider, other programs that might serve this child, etc. Medicaid or Medicaid Managed Care Organizations shall not be included as funding denials;
- (c) If the Service Coordinator finds that there is another payor source, this is documented in the Service Coordinator's service log and the family and provider are notified. The item is ordered by either the Service Coordinator or the physician. In some cases the provider will place the order. There is no planned service entry for an item in this circumstance. The AT device information is included in the IFSP screen under item number six (6), "Other Services";
- (d) If the Service Coordinator finds that First Steps is the only payor available, then the Service Coordinator documents AT information on AT Device page on TOTS. Each device requested must be entered separately;
- (e) If a single item costs less than \$100, the Service Coordinator completes the screen and the planned services;
- (f) Authorized AT Center submits a service log for approval of purchase cost, shipping and additional administrative fees; and
- (g) State Lead Agency will approve or disapprove the purchase of the item.

9.4 (2) (a) Purchases over \$100

If any single item costs over \$100, it must be approved by the AT Review Team prior to purchase. When the Service Coordinator saves the request date and other information on the AT Device page on TOTS, TOTS supplies the child's information for monitoring to the State Lead Agency under a link entitled "AT Requests Awaiting Approval". The Service Coordinator will be prompted to forward the *Assistive Technology Purchase Request (FS-42A)* and the *Assistive Technology Purchase (FS-42B)* to the requesting provider for completion. The AT Review Team will review the case and document the decision on AT Device page on TOTS. When the SLA chooses "Approve" or "Reject", TOTS will send an individual message directly from TOTS to the Service Coordinator notifying them of the committee's decision.

9.4 (2) (b) Purchase Approved

If the Service Coordinator receives notification that the purchase is approved, the AT Center will be authorized on planned services.

On planned services, the Service Coordinator enters one (1) authorization for each item:

1. Enter the outcome number(s) addressed in "Outcome # (s)";
2. Enter "Date Originated";
3. Enter "Start Date" and "End Date" (date of the approval and plan end date);
4. Ensure that "Accept Service" is checked;
5. Do not check "Permit Insurance";
6. For "Service Name", select AT Device;
7. "AT Device": User chooses one (1) device for each authorization;
8. For "Provider", select the appropriate Agency and Provider;
9. "Method of Delivery", select Provide Resource;
10. "Intensity", select Individual;
11. "Setting", select Family/Guardian Home;
12. "Frequency", enter one (1) time biannually;
13. "Length", enter one (1) HR; and
14. "Payor": for purchases, always choose First Steps as Payor One (1).

Once the AT device has been authorized on planned services, TOTS will send an individual message through announcement feature to the AT Center. The AT Center will complete a service log noting the date that each AT device purchase is logged by choosing each AT device authorization, which will display the item name. There may be multiple AT device authorizations. The AT Center will complete the billing on the accounts payable page with the total cost for each item. State Lead Agency (SLA) staff will review and approve or disapprove the purchase amount on the account payable screen.

The AT Center will find the payment listed as approved or disapproved on the child's record and their own agency invoice report. Once the SLA makes a billing approval decision, TOTS will send a message directly to the AT Center provider. If approved, the AT Center will order the item and deliver or ship to the Service Coordinator when received.

***Note:** AT providers who order prior to the SLA approval risk the item not being approved for payment.

The Service Coordinator arranges for delivery to the family by the requesting provider who will show the family how to use it. The Service Coordinator enters the date of delivery on the AT Device page on TOTS. If applicable, the Service Coordinator is responsible for informing the family that AT devices purchased with state general fund dollars are the property of First Steps and must be returned or purchased at a depreciated cost when the child turns three (3). Refer to 9.4 (2) (d).

The Service Coordinator is responsible for documenting the continued use of AT devices on their service logs and subsequent IFSP's, and for documenting when items are no longer in use. If the item was purchased by First Steps, the Service Coordinator will follow procedures for Return of Purchased AT Devices.

9.4 (2) (c) Purchase Not Approved

If the Service Coordinator receives notification that the purchase is NOT approved, the Service Coordinator will notify the family and other team members of this decision, and alternative strategies will be discussed. If the IFSP team does not agree with the recommendations from the AT Review Team, a written appeal may be made to the Part C Coordinator clearly stating the reasons for disagreement.

9.4 (2) (d) Return of Purchased AT Devices

It is the Service Coordinator's responsibility, as part of transition planning, to discuss options with the family when the item is no longer in use, or when the child exits First Steps, whichever is sooner. There are five (5) choices to document disposal of items:

1. If the child has Medicaid, the device remains with the child and family.
2. Return to the POE Office: Service Coordinator will return the device to the POE Office, which may reuse, refurbish or destroy. In this case the Service Coordinator must pick up the item when the child exits First Steps or when the item is no longer in use, whichever is sooner.
3. Purchased by Family/School at depreciated cost: The Service Coordinator is notified of the intent to purchase the device. The Service Coordinator then contacts the State Lead Agency Financial Administrator of the intent who will work with the buyer to complete the purchase.
4. Lost/Destroyed: Family lost device or it was destroyed.
5. Not Returnable Due to Sanitary Reasons (example: bath chair, feeding utensils).

The Service Coordinator documents the return date and circumstances on the AT Device page on TOTS, in the service log (not AT service log), on any future IFSP or the Transition/Exit Information screen.

Chapter 10: Transition

The 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA, PL 108-446) requires that certain steps be taken when a child transitions out of Part C services at age three (3). The transition process begins at the initial IFSP and is addressed throughout the First Steps process and at each IFSP team meeting.

The IDEA requires each state to have policies and procedures to ensure a smooth transition for toddlers receiving Early Intervention Services to preschool or other appropriate services, including a description of how First Steps will notify the Local Education Agency (LEA) that the child will shortly reach the age of eligibility for preschool services under Part B.

IDEA also requires the lead agency to convene a conference, with the approval of the parents, which includes the First Steps IFSP team and the LEA at least ninety (90) days before the child turns three (3) to discuss any special education services that the child may be eligible to receive from the LEA. The conference may be held as early as nine (9) months before the third birthday.

These federal policies also require the Kentucky Department of Education (KDE) to ensure that:

- (1) children served under Part C who are eligible for Part B preschool programs experience a smooth and effective transition to those preschool programs by the child's third birthday;
- (2) an Individualized Education Program (IEP) with appropriate content has been developed and implemented for the child; and
- (3) each LEA participates in transition planning conferences arranged by First Steps.

For those children and families experiencing a transition into or within the First Steps system:

- (1) The Service Coordinator must identify the specific nature of the transition with the family through the family assessment process and then discuss this with the other team members.
- (2) The IFSP team must discuss how services will be provided (or what modifications are needed) to facilitate a smooth transition and to ensure that there will be no unnecessary disruption in services for the eligible child and family. The discussion leads to at least one (1) transition outcome which is documented in the IFSP.

In addition to the actual transition that all newly referred children and families experience, some other examples of early transitions include:

- (1) Significant family or child changes:
 - (a) Impending birth of a new child;
 - (b) Family relocation or job change;
 - (c) Enrollment or change in childcare;
 - (d) Unemployment;
 - (e) Divorce or marriage; or
 - (f) Long term illness of a child; and
- (2) When terminating one (1) or more services and the child is continuing in First Steps.

10.1 Notification of Directory Information to KDE and LEA

IDEA Part C regulations require that the Part C lead agency ... "notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the act..."

The interagency agreement between the SLA and the Kentucky Department of Education requires that the SLA notifies KDE of any children ages two (2) or above. The KDE sends the list of children who are potentially eligible for special education services to the appropriate LEA. It is important that all options, including a referral to the local school for Part B special education services, be considered and discussed with the family.

The *Notice of Transition (FS-11)* must be completed at intake and reviewed with the family at each IFSP meeting.

Parents are informed of the release of directory information to the KDE and the LEA once the child nears age two (2) or are enrolling after age two (2). Children who are older than two (2) when enrolled in First Steps will be included in the next quarterly list provided to KDE. Parental consent is not required for First Steps to release directory information; however, parents who do not want directory information released to KDE and the LEA must complete and sign the *Notice of Transition (FS-11)*, Section 1. If parents do not complete Section 1 they are informed that the directory information will be released.

If the parent completes and signs Section 1 of the *FS-11*, the SC must uncheck item # 2 “Is the child potentially eligible for Part B?” on the Transition/Exit Information page on TOTS. If Item #2 is not unchecked, the directory information will be sent to the KDE and LEA.

10.2 Parent Opt-Out of Transition Process

Service Coordinators must fully inform the parent of the purpose of the transition conference so that the parent can make an informed decision about services after the child exits the program. The parent has the right to:

- (1) Participate in the transition conference and invite the local school system;
- (2) Participate in the transition conference but do not want to invite the local school system; or
- (3) Not participate in the transition process (Opt-Out).

The Service Coordinator must make changes to TOTS depending upon how the parent completed the form:

- (1) If the parent completes Section 2.A, the SC completes #4, “Date Parent Consent to Convene Transition Conference” on the Transition/Exit Information page in TOTS. Completion of the *FS-11* must also be documented in a Service Log.
- (2) If the parent completes Section 2.B, the SC completes #4, “Date Parent Consent to Convene Transition Conference” on the Transition/Exit Information page in TOTS. Completion of the *FS-11* must also be documented in a Service Log.
- (3) If the parent completes Section 2.C, the SC must check the box at the top of the Transition/Exit Information page on TOTS, “Family Refuses Participation in Transition Process”. Once this box is checked, the transition information on this page will be disabled.

10.3 Scheduling the Transition Conference

Transition steps must be developed that identifies appropriate options for the child and family including private preschool, Head Start, Early Head Start, child care, or other community early childhood programs.

The Service Coordinator responsibility is to schedule and convene a Transition Conference between the child’s two year, three month (2 yr., 3 mo.) age and two year, nine month (2 yr., 9 mo.) age in order to meet the timelines for Part B eligibility determination and IEP development. This should be part of the periodic IFSP meeting.

Service Coordinators should begin scheduling the Transition Conference early enough (at least one (1) month before the desired meeting date) so that the LEA representative can be present. Giving the school district personnel less than a two (2) week notice of the meeting will not encourage their participation.

If the LEA does not participate in the conference, the Service Coordinator must still hold a Transition Conference at least ninety (90) days (and at the discretion of all parties, nine (9) months) prior to the child’s third birthday and have invited the LEA representative to the conference. The Transition Conference is waived only if the family has opted-out of the transition process as documented on the *Notice of Transition (FS-11)*.

- (1) The family, LEA representative, and any other community agency representative that the family is interested in, are sent an *IFSP Meeting Notice (FS-14)* at least seven (7) calendar days prior to the

meeting. IFSP service providers are notified of the meeting by the message sent through the TOTS Scheduling Tool.

- (2) Ensure that the parent signs the *Consent to Release/Obtain Information (FS-10)* so information can be shared with the LEA.

LEA Responsibilities:

- (1) IDEA, Part B states "By the third birthday of such a child, an Individualized Education Program (IEP) ...has been developed and is being implemented for the child." Because of the requirements to provide a Free Appropriate Public Education (FAPE), LEAs must have the evaluation completed and IEP implemented by the child's third birthday.
- (2) Provide the team with all available service delivery options for that child.
- (3) LEAs must obtain parent consent and conduct a multidisciplinary evaluation of the child to determine eligibility for Part B services.

Family Responsibilities:

- (1) Sign a *Consent to Release/Obtain Information (FS-10)* in order to send the IFSP, assessment information and progress reports to the LEA;
- (2) Attend the Transition Conference;
- (3) Participate in the Exit 5AA evaluation; and
- (4) Participate in the LEA evaluation.

10.4 The Transition Conference

The purpose of the meeting is to discuss and develop steps for the upcoming transition of the child from Part C. IDEA requires that, with the family's approval, an IFSP meeting to discuss the upcoming transition will be held between two years, three months (2 yr., 3 mo.) and two years, nine months (2 yr., 9 mo.) of age.

The transition discussion must include:

- (1) a transition plan that includes the steps to exit from Part C; and
- (2) a review of the child's options from the child's third birthday through the remainder of the school year.

Other community partners such as community preschool agency representatives, Head Start, community or private childcare agencies, etc. may be invited to the Transition Conference. This is their opportunity to describe the services provided by their agency and answer any questions the parent may have.

***Note:** It is the LEA's responsibility to attend the Transition Conference. The conference must be held no later than ninety (90) calendar days prior to the child's third birthday even if the LEA is unable to attend.

Service Coordinators are responsible to ensure that parents are provided the following information during the Transition Conference:

- (1) a description of the Part B eligibility definitions;
- (2) state timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B; and
- (3) the availability of special education and related services.

This requirement is accomplished by the provision of this information by the LEA representative or by giving the parent the *First Steps Transition: Part B Special Education Fact Sheet*.

10.5 Documenting the Transition Steps

Documenting transition includes the following activities:

- (1) Complete the IFSP page on TOTS by documenting in the IFSP Meeting Note box the discussions that have taken place with the family regarding transition from First Steps. Complete the following:
 - (a) Procedures the team will use to prepare the child for the upcoming transition:
 1. Discussions about the steps and services necessary to prepare the child and parents for changes in service delivery;

2. Discussions with parents regarding future placements and other matters related to the child's transition; and
 3. Discussions with parents regarding community programs available following transition from Part C.
- (b) Program options identified by the team. Possible options include but are not limited to:
1. Part B;
 2. Head Start/Early Head Start;
 3. Child Care;
 4. Other community resources;
 5. Medicaid EPSDT services; and/or
 6. Other

The Service Coordinator must indicate that the IFSP is the Transition IFSP by checking the box, "This is the official Transition Plan" on the IFSP screen in TOTS. Once the transition box is marked on the IFSP page, the information that is entered into the "IFSP Meeting Note" box will transfer to the Transition/Exit Information page #9, "Transition Meeting Note". The Service Coordinator must complete #1-8 of the Transition/Exit Information page. The SC is responsible to ensure that all elements identified throughout the Transition Conference are properly implemented.

***Note:** The box labeled "This is the official Transition Plan" must be unchecked if another IFSP is pre-populated. Otherwise, the new IFSP information will overwrite the transition information.

10.6 Admissions and Release Committee (ARC) and IEP Participation by IFSP Team Members

Part B regulations required that the LEA invite a representative of the Part C program to the IEP meeting if the parent requests their attendance. Many LEAs hold two (2) ARC meetings; the first ARC is to discuss the referral and plan the Part B evaluation and the second ARC meeting is to develop the IEP.

The Service Coordinator must make every effort to participate in the ARC meetings if invited by the LEA at the request of the parent. The SC documents attendance or inability to attend in a Service Log or Communication Log on TOTS.

The PSP may attend one (1) ARC meeting at the expense of First Steps. The IFSP team needs to determine which meeting is most appropriate for the PSP to attend at First Steps cost.

10.7 Exit IFSP Meeting

To support a smooth transition from First Steps, an exit IFSP meeting may be held. Discussions at this meeting should focus on the results of the 5AA, review of the current developmental status, review of the progress the child and family has achieved, and review of the supports and services available after age three (3). This meeting is optional and provides closure to the family as they exit First Steps.

Once the Exit IFSP has been scheduled, the SC must send participants an *IFSP Meeting Notice (FS-14)* at least seven (7) calendar days prior to the meeting. This is documented in the Communication Log in TOTS.

The SC must ensure:

- (1) the exit 5AA has been conducted and report is available for the meeting. The SC must ensure that a copy has been provided to the family; and
- (2) that providers have completed discharge summaries and mailed a copy to the parent at least five (5) working days prior to the meeting.

Chapter 11: Case Closure & Transfers

11.1 Record Closure Before Age Three (3)

There are numerous reasons why a case would need to be closed prior to the child's third birthday. These reasons can occur at different stages in the process. Examples of child exiting prior to age three (3) include:

- (1) All outcomes are met and the child is no longer eligible (age-appropriate);
- (2) Parent declines services or withdraws;
- (3) Child is deceased; or
- (4) Family or child moves out of state or country.

With the exception of a child who has been in the program less than six (6) months or a child who is deceased, if the child experiences early transition from First Steps and the IFSP team is aware of this transition, an Exit 5AA must be completed prior to the child's exit and case closure at the POE. The Exit 5AA is administered if no 5AA has been conducted within the previous ninety (90) calendar days. The Service Coordinator completes the authorization and contacts the PSP. The PSP schedules and conducts the exit 5AA, enters the assessment report in TOTS and enters the item data in KEDS. The Exit 5AA must be completed at least thirty (30) days prior to exit. See chapter 7 for details regarding the Exit 5AA

Discharge progress reports are also written by each early intervention provider and placed in the Progress Report screen on TOTS at least five (5) working days prior to the exit. The discharge progress report states what each provider has done with the child, the child's progress, outcomes that have been met, and where the child is functioning at the time of discharge.

If a child exits First Steps without notification to the POE and the child cannot be found, document this in the Communication Log as the reason no Exit 5AA was conducted.

If a child exits First Steps before age three (3) for any reason, does not have an active IFSP, and the parent contacts the LEA for services, the LEA will handle this case as a new referral to them. The LEA is not obligated to have an evaluation and IEP in place by the child's third birthday for a child without an active IFSP.

***Note:** Under no circumstances is a case to be closed while Early Intervention Services are actively provided under the IFSP.

11.1 (1) Closure if Family Cannot be Contacted

Referral Phase: If the POE staff is unable to contact the parent by phone the *Unable to Contact Referral Letter (FS-4)* should be mailed to the parent. If the parent does not respond within ten (10) calendar days of the date of the letter, the file is closed. On the Transition/Exit Screen in TOTS enter the Exit/Close date and select "Attempts to Contact Unsuccessful" from the Exit/Close Reason drop-down menu.

IFSP Phase: If a family is absent from services for two (2) consecutive visits, the service provider notifies the Service Coordinator. The SC attempts to contact the family. If the SC is unable to make contact with the family within five (5) working days, the SC sends a *Notice of Action (FS-9)*. The notice must state that services will end five (5) working days from the date of the notice. The Service Coordinator must notify the provider(s) in writing of the effective date for termination of services. All attempts to contact the family, mailing of the *FS-9* and provider notification must be documented in the Service Log or Communication Log in TOTS.

The Service Coordinator must pre-populate a Requested Review IFSP and edit the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the Transition/Exit Information page on TOTS. The exit date will be the sixth (6th) working day from the date the *Notice of Action (FS-9)* was sent to the parent.

On the Transition/Exit Information page in TOTS enter the Exit/Close date and select “Attempts to Contact Unsuccessful” from the Exit/Close Reason drop-down menu.

11.1 (2) Frequent Re-Scheduling By Parent

Families may have the occasional need to re-schedule appointments. Repeated requests to re-schedule because the parent is unable to attend may impact services. Service Coordinators may close a case after three (3) documented, consecutive attempts to re-schedule an event such as home visits, evaluation and assessment (including a hearing evaluation) or IFSP meeting with a family.

For example:

- (a) An IFSP meeting is initially scheduled for June 10; parent cancels this meeting;
- (b) Meeting is re-scheduled for June 15; parent cancels this meeting; and
- (c) Meeting is re-scheduled for June 20; parent cancels for the third time.

The Service Coordinator sends the parent a *Notice of Action (FS-9)* indicating the case will be closed five (5) working days from the date of the notice and the reason for case closure. All providers involved with the case at the time of closure must be notified in writing of the case closure. All contacts with the family, mailing the *FS-9* and provider notification must be documented in the Service Log or Communication Log in TOTS.

***Note:** If the parent contacts the SC within the five (5) working days to reschedule the appointment, this should be documented and the case proceeds as planned. If the parent contacts the SC after the five (5) working days and wants to reschedule, because the case has been officially closed, this will be considered a re-referral.

The Service Coordinator must edit planned services, revising the end date of services for all current authorizations (depending on the phase at closure, this may require pre-populating a Requested Review IFSP). The end date of authorizations must match the exit date that will be entered on the Transition/Exit Information page on TOTS. The exit date will be the sixth (6th) working day from the date the *Notice of Action (FS-9)* was sent to the parent. On the Transition/Exit Information page in TOTS enter the Exit/Close date and select “Attempts to Contact Unsuccessful” from the Exit/Close Reason drop-down menu.

11.1 (3) Child and Family Not Available for Scheduled Services (“No-Show”)

There are times when a service provider may go to the home for a previously scheduled visit to deliver early intervention services, no one is there and the family has not notified the provider that the session must be cancelled. If this happens for two (2) consecutive visits, the provider documents the “no-shows” in a Service Log in TOTS and contacts the Service Coordinator. The Service Coordinator must contact the family to discuss the circumstances for the absence and come to a resolution of the barrier.

***Note:** Providers are not obligated or mandated to make up any “no-show” visits. It is left to the provider’s discretion as to if the visit is made-up.

If the Service Coordinator is successful in contacting the family, the information concerning the absence is shared with the provider. If the barrier cannot be resolved, the provider may discharge the child from their caseload and notify the Service Coordinator of this action. The Service Coordinator then must seek another provider to accept the case.

If the Service Coordinator cannot contact the family within five (5) working days, a *Notice of Action (FS-9)* is sent to the family. The notice must state that service(s) will end five (5) working days from the date of the notice. The Service Coordinator must notify the provider(s) in writing of the effective date for termination of services. All attempts to contact the family, mailing the *FS-9* and provider notification must be documented in the Service Log or Communication Log in TOTS.

The Service Coordinator must pre-populate a Requested Review IFSP and edit the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the Transition/Exit Information page on TOTS. The exit date will be the sixth (6th) working day from the date the *Notice of Action (FS-9)* was sent to the parent. On the Transition/Exit Information page in TOTS enter the Exit/Close date and select "Attempts to Contact Unsuccessful" from the Exit/Close Reason drop-down menu.

11.1 (3) (a) Pattern of Inconsistent No Show

A family may establish patterns of "no show" sessions in an inconsistent manner that does not meet the standard as a persistent "no-show". In these cases, the provider needs to report the frequent missing of services without notification by the parent to the Service Coordinator.

The Service Coordinator attempts to contact the family to investigate the barriers to implementing the IFSP. Discussion should focus on the following:

1. Does the family need and want the service(s) in question;
2. Does the current number of sessions work for the family;
3. Does the location of the services need to be discussed and revised; and
4. Does the family understand their responsibilities to implement the IFSP and be available for service delivery?

The IFSP must be revised as appropriate and needed.

11.1 (4) Family Moves Out of State

The *Consent to Release/Obtain Information (FS-10)* must be signed by the parent when a family is moving out of state and the parent wants the record sent to the new program in the other state. A Release of Information from the out of state requesting program is acceptable if the parent is not available to sign the *FS-10*. Once the POE receives the signed *FS-10* or a Release of Information must comply with the request.

There may be instances when a family moves without notifying the Service Coordinator or other POE staff. The PSP may know of the move or in some cases, will not know. When the POE finds out that a family has moved, there must be documentation of attempts to locate the family. All attempts to contact the family must be documented in the Communication Log in TOTS. The Service Coordinator must notify each provider in writing of the case closure.

The Service Coordinator must pre-populate a Requested Review IFSP and edit the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the Transition/Exit Information page on TOTS. On the Transition/Exit Information page in TOTS enter the Exit/Close date and select "Moved out of POE/State/Country" from the Exit/Close Reason drop-down menu.

11.1 (5) Family Temporarily Out of State or Country for Extended Period

A family may take an extended vacation or trip to a location out of state or out of the country. The trip may be planned or unplanned. The child's case is closed if the family will not be available for services for one (1) month or longer. A *Notice of Action (FS-9)* is provided to the family indicating that the case will be closed while they are unavailable. Providers for the IFSP services must be notified in writing by the Service Coordinator of the closure. The family is informed that the case can be re-opened as a re-referral when they return. See chapter 5 for procedures for a re-referral.

The Service Coordinator must pre-populate a Requested Review IFSP and edit the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the Transition/Exit Information page on TOTS. The exit date will be the sixth (6th) working day from the date the *Notice of Action (FS-9)* was sent to the parent. On the Transition/Exit Information page in TOTS enter the Exit/Close date and select "Moved out of POE/State/Country" from the Exit/Close Reason drop-down menu.

11.1 (6) Family Withdrawals from Services

When a family notifies the Service Coordinator that they no longer wish to participate in First Steps, the Service Coordinator must send a *Notice of Action (FS-9)* to the family indicating services will end within five (5) working days from the date of the notice. Providers for the IFSP services must be notified in writing by the Service Coordinator of the closure.

***Note:** An Exit 5AA must be completed. If the family declines the Exit Assessment, this is noted in the Communication Log in TOTS.

The Service Coordinator must pre-populate a Requested Review IFSP and edit the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the Transition/Exit Information page on TOTS. The exit date will be the sixth (6th) working day from the date the *Notice of Action (FS-9)* was sent to the parent. On the Transition/Exit Information page in TOTS enter the Exit/Close date and select "Parent Withdraw" from the Exit/Close Reason drop-down menu.

11.2 Record Closure at Age Three (3)

On the third birthday, the child's eligibility for First Steps ends. Families are provided a *Notice of Action (FS-9)* that identifies that the child is no longer eligible for services at age three (3) and that all services will end. This notice must be provided at least five (5) working days before the child's third birthday.

Discharge progress reports are also written by each early intervention provider and placed in the Progress Report screen on TOTS at least five (5) working days prior to the exit. The discharge progress report states what each provider has done with the child, the child's progress, outcomes that have been met, and where the child is functioning at the time of discharge.

Procedures for case closure:

- (1) The Service Coordinator ensures that all of service notes, exit assessments, and discharge reports have been entered into TOTS before closing the case;
- (2) When the Service Coordinator is ready to close the case and make the chart inactive, the Exit/Close Information on the Transition/Exit Information page in TOTS is completed:
 - (a) Exit/Close Date: this is the effective close date. This date should be the date the child turns three (3). No other First Steps services can be provided for the child after this date;
 - (b) Exit/Close Reason: explain the reason for exit. If the child was referred for Part B eligibility determination, the Service Coordinator is required to ascertain the status of the child in order to accurately indicate the reason for exit; and
 - (c) After the exit information is entered, the Service Coordinator saves the information that has been entered. Once the save button is selected, the child's record is inactive; and
- (3) Service Coordinators must close the case within fifteen (15) calendar days of the exit date.

***Note:** There must be an exit reason chosen and documented in TOTS on the Transition/Exit Information page in TOTS. This data is reported to the U.S. Department of Education.

Please use the following choices for Exit/Close Reason. All cases must have a reason for closure. Identify the **primary** reason (e.g., only one):

Drop-Down Choice on TOTS	Definition
Part B Eligible	The child has been referred to and is eligible for the public school Part B/Preschool program. <ul style="list-style-type: none">• Part B Eligibility is confirmed.• Use this even if parents choose to not enroll child in public school program; child was still found eligible.

Drop-Down Choice on TOTS	Definition
Not eligible for Part B-Exit to Other Program	<p>Use when the child is no longer age eligible for Part C:</p> <ul style="list-style-type: none"> • Child referred to Part B for eligibility and found not eligible; or • Parent Opted-Out of transition. <p>Child/family has been referred to (or parents plan to enroll in) private services, childcare, Head Start or other community program.</p>
Not Eligible for Part B-Exit with No Referrals	<p>The child is no longer eligible for Part C and no further referral is necessary.</p> <ul style="list-style-type: none"> • Child did not undergo eligibility determination for Part B services (parents opted out or decided to not refer to the LEA).
Part B Eligibility Not Determined-Late Referral	Child referred to Part C forty-five (45) or less days prior to the third birthday.
Part B Eligibility Not Determined-Other	<p>Child was referred to Part B for eligibility determination and it was not completed by the third birthday.</p> <p>*Note: The above statement is the only time this should be chosen.</p>
IFSP Goals Met	<p>This applies to:</p> <ul style="list-style-type: none"> • A child who no longer has a developmental delay; or • A child who has an Established Risk Condition and is age-appropriate and/or has met all IFSP outcomes; or • A child whose parents state they no longer want services because child is doing well and they feel the IFSP is met. <p>*Note: This reason will be automatically selected by the system when a child is determined ineligible at annual redetermination of eligibility.</p>
Moved out of POE/State/Country:	<p>The child and family have moved to another state, POE, or country.</p> <ul style="list-style-type: none"> • Include children whose family indicates that they will be moving in the near future as the reason for withdrawing from service.
Deceased	<p>The child has died.</p> <ul style="list-style-type: none"> • Include all children who died during the reporting year, even if their death occurred at the age of exit.
Parent Withdrawal	<p>The parent has chosen to end Part C services and provided written or verbal indication of withdrawal from services. *Note: This must be documented in the child's file.</p> <p><u>Do not include children whose parent states that child has completed the IFSP or that they believe child is doing well and no longer in need of service.</u></p>
Attempts to Contact Unsuccessful	<p>Repeated attempts to contact or provide services to family and child were unsuccessful.</p> <ul style="list-style-type: none"> • Attempts must be documented in the child's record. • Include all children who have not reached the maximum age of service under Part C.
Ineligible for Part C	<p>Child does not meet eligibility for Part C services.</p> <ul style="list-style-type: none"> • Can apply to child processed as an initial referral or re-referral.

Drop-Down Choice on TOTS	Definition
	<ul style="list-style-type: none"> May apply to child with an IFSP at annual redetermination of eligibility <u>only if the child has not met IFSP outcomes (goals).</u>
Screening Passed	<p>May use this only for children in the screening phase. Include only children initially referred or re-referred and screened.</p> <ul style="list-style-type: none"> <u>Do not use for children with an active IFSP at time of closure.</u>

11.3 Transferring a Record from One (1) POE Region to Another POE Region

When a family moves from one (1) POE region to another POE region, the transfer of records and services must occur.

***Note:** *Consent to Release/Obtain Information (FS-10)* is not required when transferring records between POEs.

Sending Service Coordinator must:

- (1) Notify providers of the transfer, date authorizations end, and need for a discharge report;
- (2) Update the Parent Page with new address and phone;
- (3) Update the child's demographic page with new address, phone and county (based on new address);
- (4) Ensure all service logs and discharge reports are completed; and
- (5) Service Coordinator must ensure that the IFSP is finalized before transferring the case.

The sending POE Manager must:

- (1) Check the Account Payable page in TOTS to ensure that all POE billing is complete;
- (2) Notify the receiving POE of the transfer;
- (3) Transfer the record by completing the Transfer Child Between Districts page on TOTS. The POE Manager chooses the district that the child will transfer to from the drop-down list and selects the "Transfer Now" button; and
- (4) Send a copy of the current IFSP signature page and any other current consent to the receiving POE.

Receiving or "New" POE must:

- (1) Upon receipt of child's case file, assign a Service Coordinator, schedule a meeting with the family and open both the hard copy and electronic files. Referral, intake, eligibility, and IFSP dates should be the original dates listed in the hard copy file;
- (2) The designated Service Coordinator prepopulates a Requested Review IFSP and edits the authorizations for services on the Planned Services page in TOTS;
- (3) At the initial meeting with family, the SC brings a list of available providers in the area so that the parent can choose new provider(s) if needed;
- (4) The SC schedules a follow-up IFSP meeting and invites the new providers. The team reviews the IFSP and makes any needed changes; and
- (5) The SC enters the authorizations on Planned Services and finalizes the IFSP.

Chapter 12 Early Intervention Records

Early intervention records developed and maintained by First Steps are under the jurisdiction of the Family Education Rights and Privacy Act (FERPA) and Individuals with Disabilities Education Improvement Act of 2004 (IDEA) provisions. Early intervention records are considered educational records. The IDEA regulation found at 34 CFR 303.3 states that references to state educational agency means the lead agency for Part C and that reference to special education and related services means Early Intervention Services.

The Health Information Portability and Accountability Act (HIPAA) provisions apply to the business transactions of First Steps. First Steps collects and maintains personally identifiable health information for billing purposes and claims payment. The HIPAA and FERPA provisions intersect at times, depending upon the action being taken.

First Steps must comply with the provisions of IDEA, FERPA and HIPAA regarding the child's Early Intervention (EI) record. The *Notice of Confidentiality, Privacy Practices & Records (FS-29)* is used to cover all provisions.

12.1 Parental Access to the Early Intervention Record

Parents must be permitted to inspect and review any or all portions of the electronic and hard copy record relating to their child as a part of the First Steps program. The POE, or any other agency maintaining such records, must allow parents access without unnecessary delay. Parents cannot be denied access by the public agency due to physical limitations or geographic locations. Service Coordinators must provide assistance to parents wishing to review their child's record.

Parents have the right to receive an initial copy of the complete early intervention record maintained on their child at no cost. The regulatory requirements for sending copies of the IFSP, evaluation reports, assessment reports, and progress reports does not replace the parent's right to receive the first requested copy at no cost. Parents may be charged a fee for additional copies of the complete early intervention record. This fee shall not prevent the parent from exercising their right to inspect and review the record.

If an EI record or documentation includes information on more than one (1) child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of the specific information. The identifying information on other children or individuals must be redacted, or blacked out, prior to inspection.

Parents also have the right to request an explanation of the record or to request an amendment to the record. Inspecting and reviewing the record includes a right to:

- (1) A response from the POE to reasonable requests for explanations and interpretations of the record;
- (2) A request that the POE provide copies of the record containing the information, if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the record; and
- (3) A representative of the parent to inspect and review the record.

If a family believes that the information contained in their child's EI record is inaccurate, misleading or discriminatory in some manner, they may request in writing that this information be either removed or rewritten.

- (1) The written request to amend the record must be submitted to the State Lead Agency and contain a detailed explanation of what information the parent believes is inaccurate, misleading or discriminatory.
- (2) SLA staff will investigate the request to amend the record and will issue a notice of the findings of this investigation to the parent within ten (10) working days.
- (3) The SLA may refuse to amend all or part of the record as requested by the parent.

- (4) The parent has the right to file a request for a due process hearing should they disagree with the SLA decision regarding amending the record.

12.1 (1) Electronic Access to Early Intervention Record

First Steps offers parents the opportunity to view a portion of their child's early intervention record online through TOTS. This method of access does not substitute for access to the complete record held at the POE.

Key factors about TOTS Parent Access:

- (1) The modified record is a read-only record of the critical pieces of the electronic record. Administrative sections are not viewable through a parent logon.
- (2) Parent Access is not available until a child has a TOTS identification number.
- (3) Parent logons are child specific.
- (4) Only one (1) parent logon is issued. If the parent has multiple children in First Steps, there will be a logon specific for each child.
- (5) In cases of shared custody, only the parent with educational rights is provided a logon.
- (6) In cases of children in foster care, the parent logon is available only to the person who is recognized as the parent under IDEA. If parental rights have not been terminated and the natural parent is available, the logon will be issued to the natural parent. If the natural parent cannot be located, educational rights have been terminated, or the natural parent's right to make educational decisions has been subrogated by a court, the educational surrogate parent will be issued the logon. Service coordinators must verify who is to receive the parent access logon and document this in TOTS in the service log. ***Note:** Logons are not provided to DCBS caseworkers.

Parents who want online access to the early intervention record are provided the "TOTS Information for Parent Access" and "TOTS Parent Portal Acceptable Use and Safety Policy" documents. The parent must sign an agreement with all provisions of the *Parent Agreement for TOTS Access via Internet (FS-46)*. Directions for registering with TOTS are included in the "TOTS Parent Portal Acceptable Use and Safety Policy" document.

A "Step-by-Step Instructions for TOTS Parent Access" document for Service Coordinators is included in the Appendix. This resource provides detailed information about the Parent Portal.

12.1 (2) Non-custodial Right to Review Records

In instances of non-custodial parents, the POE assumes that the non-custodial parent has access rights to the child's EI record and is a participant in the IFSP development unless advised otherwise in writing by court order.

12.2 Confidentiality of Personally Identifiable Information

Each POE must ensure the confidentiality of personally identifiable information. Therefore, the POE will:

- (1) Appoint an individual to be responsible for ensuring the confidentiality of any personally identifiable information;
- (2) Provide training to all employees about the policies and procedures that govern personally identifiable information; and
- (3) Maintain a current list of the names and positions of those employees within the POE who have access to personally identifiable information.

The official EI record is maintained at the local POE administrative office. In order to adequately ensure that these records are protected, and the appropriate provisions put in place, the POE has the responsibility to monitor those having access to this information. Individuals listed on a current signed *Consent to Release/Obtain Information (FS-10)* in a child's EI record may access the information detailed on the release form, including obtaining a copy of the information. The staff at the POE should verify that a current release exists and the extent to which information may be shared prior to opening the full EI record to the individual named on the form.

Individuals who are part of the First Steps system, such as SLA employees who are conducting compliance monitoring or providers selected by the family to provide EI services, may access the EI record without parental consent. All individuals who access the hard copy file, with the exception of designated POE staff must sign and document the *Record of Access (FS-27)*. The *Record of Access (FS-27)* is maintained in the child's hard copy file.

The protection of confidentiality also extends to members of the child's family who are not their legal guardian. In the event that POE staff needs to communicate directly with family members other than the child's legal guardian(s), a signed *Consent to Release/Obtain Information (FS-10)* must be obtained from the legal guardian. This requirement also applies to those instances when a child is in foster care, or is a ward of the State. When necessary, the Educational Surrogate signs the release.

12.2 (1) Use of Electronic Communication with Families

Individuals working in First Steps must recognize that they have an ethical and legal obligation to maintain family privacy and confidentiality at all times. Whether communicating with the family, supervisor, team members or anyone associated with the child's services, reference to the child or family should either contain only non-identifiable information such as the TOTS Identification Number, the child's initials, or be sent via secure manner such as encryption. This includes all attachments.

Electronic communication (emails, text messages, Facebook, LinkedIn and other social networking sites) is increasingly being used as a means of communication between First Steps providers, including POE staff, and families. Caution should always be taken whenever using any form of electronic communication for the following reasons:

- (a) use of personal email, cell phone numbers or personal social network sites can be accessed by others not working with the family;
- (b) during a complaint investigation all electronic communication records (including personal email accounts) could be requested through the Freedom of Information Act; and
- (c) the use of electronic communication may make maintaining professional boundaries more difficult by allowing both families and providers access to personal cell phones, emails and texts at all hours of the day and night.

The discussion of the use of social network sites should occur during the initial visits with the family. Email and faxes may be used when supported by an encrypted communication system that includes firewalls that are HIPAA compliant. Video messaging such as SKYPE can only be used when supported by HIPAA compliant security. **Families should be informed that while their child is receiving services through First Steps the provider, including POE staff, will be unable to communicate with them via personal social network sites.**

Personally identifiable information such as name, diagnosis, address, etc. must not be included in the electronic communication. All electronic communication with families must be documented in the child's TOTS record. This includes telephone, email and text messaging.

12.2 (1) (a) Email

- 1. Unprofessional personal email addresses should never be used by providers.
- 2. Joint personal email addresses, in which two (2) or more individuals share one (1) email address, should not be used when communicating with families or other IFSP team members.
- 3. Careful attention should be paid to the address the email is being sent to in order to avoid sending the email to an unintended recipient.
- 4. Read the email carefully before you send it checking that all personal information about the family is de-identified.
- 5. Keep messages short, clear and concise and encourage families to do the same.
- 6. The signature at the end of the email should include your full name, email address, work address, phone number and job description (i.e. Occupational Therapist).
- 7. Never use all capital letters. This is the online equivalent of shouting.

8. Avoid using URGENT and IMPORTANT as the subject of the email.
9. The use of a confidentiality disclaimer at the bottom of emails for a professional working in First Steps is encouraged.

12.2 (1) (b) Texting

1. Always ask permission from a family before you begin texting them. Some phone plans may not cover texting or may charge for each text sent. Or the family may prefer voice messages left on their phone.
2. Use text messages sparingly, for example, to update families on a change in appointment time.
3. Always end your text with your first and last name. Do not assume the family has your name as a contact in their phone or will recognize your telephone number.
4. Make sure all information in the text is de-identified and does not contain any personal information about the family.
5. Keep the text strictly professional. Do not use texting shorthand assuming the family will understand. Do not use slang or all capital letters.
6. Do not respond to a telephone call with a text message.
7. Do not send text messages late in the evening or early in the morning.
8. Careful attention should be paid to the telephone number the text is being sent to in order to avoid sending the text to an unintended recipient.
9. Do not check your text messages or answer text messages while you are with a family. It is just as rude as talking on the telephone.
10. Do not rely on text messaging with families as your sole form of communication with them.

As with emails, text messages are considered part of the record and must be included in the file. If your phone does not allow you to email a text message where it can be printed out or archived where it can be retrieved, do not communicate with families via text.

12.2 (1) (c) Social Media

Use of social media is not allowable in First Steps. If social media is used by an individual in their life outside of the professional role in First Steps, care must be taken that no confidential information from First Steps is posted on a social media site. Please be aware of the following:

1. Maintain professional boundaries in the use of electronic media. The fact that the family may initiate contact does not permit First Steps providers to engage in a personal relationship with the family.
2. Do not share, post, or otherwise disseminate any information (including images) about a child or family or information gained while in contact with the family. Do not identify children or families by name or post or publish information that may lead to identification of the child or family. Limiting access to postings through privacy settings is not sufficient, even if the child or family is not identified.
3. Do not refer to the child or family in a disparaging manner, even if they are not referred to by name.
4. Do not take photos or videos of children or families on personal devices, including cell phones and upload to any social media site.

12.2 (2) Breach of Confidentiality

All early intervention providers, including POE staff, must develop written policies for, and give notice to families of these policies, regarding the protection of confidentiality and the disclosure of personally identifiable information (PII). These policies must comply with the requirements of IDEA. In addition, all providers must also develop written policies for the protection of confidentiality and the disclosure of protected health information (PHI). These policies must comply with the requirements of HIPAA. Any disclosure of PII or PHI must be appropriately documented in accordance with the governing law.

Everyone needs to be careful about disclosing confidential information (i.e., personally identifiable information) about children and families in First Steps. This is a violation of IDEA, FERPA and may also be a violation of HIPAA. Personally identifiable information includes descriptions of a child or family that enables others to identify them. So even if the child's name is not used, other descriptors may make it easy for someone to recognize the child.

Breaches of confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Examples of breaches in confidentiality may include:

- (a) Mistakenly entering a service log in the wrong child's early intervention record on TOTS;
- (b) Entering an assessment in KEDS in the wrong child's early intervention record; and
- (c) Using personally identifiable information in electronic communications.

In cases where a breach in confidentiality has occurred within a child's early intervention record the following steps must be taken:

- (a) Notify the State Lead Agency of the breach;
- (b) Mail a letter to notify all parties involved about the nature of the breach and actions taken to prevent future occurrences;
- (c) Mail a copy of the notification letter to the State Lead Agency; and
- (d) Document that letters were mailed in the Communication Log Screen on TOTS.

12.3 FERPA Clarifications for Release of Information

12.3 (1) Releasing Information to Child Protection Agencies

The POE may release a child's record to DCBS without parental consent if:

- (a) If a child is a suspected victim of child abuse (CAPTA);
- (b) If a child has an open, active case with DCBS (***Note:** upon a written request for the record that verifies the child has an open, active case with DCBS).

***Note:** Any requests for records by DCBS for a child no longer receiving early intervention services must be sent to the SLA for processing.

12.3 (2) Releasing Information to School Districts

Early intervention programs may disclose, without consent, "directory" information such as:

- (a) child's name;
- (b) address;
- (c) telephone number;
- (d) date of birth;
- (e) name of child's Service Coordinator; and
- (f) date of enrollment.

However, the early intervention program must tell parents about directory information and allow parents a reasonable amount of time to request that the early intervention program not disclose the directory information. Parents who do not want directory, information released by the POE must complete and sign the *Notice of Transition (FS-11)*. See chapter 10.1 for detailed instructions for this process.

Early intervention programs must notify parents annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a newsletter, handbook, or newspaper article) is left to the discretion of each early intervention program. Kentucky created and uses the *Notice of Confidentiality, Privacy Practices & Records (FS-29)* to be used as the annual notification of the parent's rights under FERPA, HIPAA and IDEA.

12.3 (3) Releasing to a Third Party

A POE must have parent's consent prior to the disclosure of an education record, evidenced by a signed and dated consent that states the purpose of the disclosure.

A POE may disclose early intervention records without consent when:

- (a) The disclosure is to early intervention program or school officials who have been determined to have legitimate educational interests as set forth in the early intervention program district's annual notification of rights to parents;
- (b) The child and family transfer from one (1) POE service area to another POE service area;
- (c) The disclosure is to state or local educational authorities auditing or evaluating Federal or State supported education programs or enforcing Federal laws which relate to those programs;
- (d) The disclosure is pursuant to a lawfully issued court order or subpoena; and
- (e) The information disclosed has been appropriately designated as directory information by the early intervention program.

12.4 Destruction of Records

12.4 (1) Destruction of Records for POE

Six (6) years after a child leaves the First Steps system, the personally identifiable information that has been collected, maintained or used by the POE is no longer needed to provide early intervention services. Prior to the destruction of this information, the POE is required to inform the family that the child's record will be destroyed unless the parent requests the record in writing.

The record includes:

- (a) The IFSP;
- (b) Evaluation and assessment reports;
- (c) Test protocols, including completed screening protocols and score sheets;
- (d) Notifications of meetings;
- (e) Notices of Action; and
- (f) Other personally identifiable information.

Each POE must create and maintain a destruction of records file. This file documents the POE's actions concerning the destruction of early intervention records and provides evidence of appropriately destroyed records. This file must be maintained permanently.

The steps below are necessary to document the action taken by the POE to locate the family before destroying the First Steps file:

- (a) Mail a *Destruction of Records Letter (FS-32)* and the *Record Request Form (FS-33)* to the parent using the last known address and place a copy in a destruction of records file that will be maintained permanently by the POE.
 - 1. If the parent returns a signed *Record Request Form (FS-33)* to the POE, the POE sends the record to the parent.
 - 2. If the letter is returned by the U.S. Postal System as undeliverable, the returned letter and envelope shall be placed in a destruction of records file maintained at the POE and the child's EI record can be destroyed.
 - 3. If the parent fails to respond within thirty (30) calendar days, note this on the *Destruction of Records Letter (FS-32)* and place it in the destruction of records file. The child's EI record can be destroyed.
- (b) If the notification letter is returned by the U.S. Postal System with a new address, a new letter should be prepared and mailed to the new address. This gives the parent another thirty (30) calendar days to respond.
 - 1. If the parent returns a signed *Record Request Form (FS-33)* to the POE, the POE sends the EI record to the parent's new address.
 - 2. If the letter is returned by the U.S. Postal System as undeliverable, the returned letter and envelope shall be placed in a destruction of records file maintained at the POE and the child's EI record can be destroyed.
 - 3. If the parent fails to respond within thirty (30) calendar days, note this on the copy of the *Destruction of Records Letter (FS-32)* in the destruction of records file. The child's record can be destroyed.

12.4 (2) Destruction of Records for Service Providers

Six (6) years after the last date of service for a child and the personally identifiable information that has been collected, maintained or used by the provider is no longer needed to provide early intervention services, the provider is required to inform the family that the child's record will be destroyed unless the parent requests the records in writing. The record includes:

- (a) Evaluation and assessment reports;
- (b) Test protocols;
- (c) Treatment plans;
- (d) Notifications of meetings;
- (e) Notices of Action; and
- (f) Other personally identifiable information.

Each provider must create and maintain a destruction of records file. This file documents the provider's actions concerning the destruction of early intervention records and provides evidence of appropriately destroyed records. This file must be maintained permanently.

The steps below are necessary to document the action taken by the provider to locate the family before destroying the First Steps file:

- (a) Mail a *Destruction of Records Letter (FS-32)* and the *Record Request Form (FS-33)* to the parent using the last known address and place a copy in a destruction of records file that will be maintained permanently by the provider.
 - 1. If the parent returns a signed *Record Request Form (FS-33)* to the provider, the provider sends the record to the parent.
 - 2. If the letter is returned by the U.S. Postal System as undeliverable, the returned letter and envelope shall be placed in a destruction of records file maintained by the provider and the child's EI record can be destroyed.
 - 3. If the parent fails to respond within thirty (30) calendar days, note this on the *Destruction of Records Letter (FS-32)* and place it in the destruction of records file. The child's EI record can be destroyed.
- (b) If the notification letter is returned by the U.S. Postal System with a new address, a new letter should be prepared and mailed to the new address. This gives the parent another thirty (30) calendar days to respond.
 - 1. If the parent returns a signed *Record Request Form (FS-33)* to the provider, the provider sends the EI record to the parent's new address.
 - 2. If the letter is returned by the U.S. Postal System as undeliverable, the returned letter and envelope shall be placed in a destruction of records file maintained by the provider and the child's EI record can be destroyed.
 - 3. If the parent fails to respond within thirty (30) calendar days, note this on the copy of the *Destruction of Records Letter (FS-32)* in the destruction of records file. The child's record can be destroyed.

Appendix

Established Risk Conditions

Aase-Smith Syndrome (Diamond-Blackfan Anemia)	Aase Syndrome
Acrocallosal Syndrome	Acrodysostosis
Acro-Fronto-Facio-Nasal Dysostosis	Adrenoleukodystrophy
Agenesis of the Corpus Callosum	Agyria
Aicardi Syndrome	Alexander's Disease
Alper's Syndrome	Amelia
Angelman Syndrome	Aniridia
Anophthalmia/Microphthalmia	Antley-Bixler Syndrome
Apert Syndrome	Arachnoid cyst with neuro-developmental delay
Arhinencephaly	Arthrogryposis
Ataxia	Atelosteogenesis
Autism	Baller-Gerold Syndrome
Bannayan-Riley-Ruvalcaba Syndrome	Bardet-Biedl Syndrome
Bartoscas-Papas Syndrome	Beals Syndrome (congenital contractual arachnodactyly)
Bixler Syndrome	Blackfan-Diamond Syndrome
Bobble Head Doll Syndrome	Borjeson-Forssman-Lehmann Syndrome
Brachial Plexopathy	Brancio-Oto-Renal (BOR) Syndrome
Campomelic Dysplasia	Canavan Disease
Carbohydrate Deficient Glycoprotein Syndrome	Cardio-Facio-Cutaneous Syndrome
Carpenter Syndrome	Cataracts-Congenital
Caudal Dysplasia	Cerebro-Costo-Mandibular Syndrome
Cerebellar Aplasia/Hypoplasia/Degeneration	Cerebral Atrophy
Cerebral Palsy	Cerebro-oculo-facial-skeletal syndrome
CHARGE Association	Chediak Higashi Syndrome
Chondrodysplasia Punctata	Christian Syndrome
Chromosome Abnormality <ul style="list-style-type: none"> a. Unbalanced numerical (autosomal) b. Numerical trisomy (chromosomes 1-22) c. Sex chromosomes XXX; XXXX; XXXXX; XXXY; XXXXY 	CNS Aneurysm with Neuro-Developmental Delay
CNS Tumor with Neuro-Developmental Delay	Cockayne Syndrome
Coffin Lowry Syndrome	Coffin Siris Syndrome
Cohen Syndrome	Cone Dystrophy
Congenital Cytomegalovirus	Congenital Herpes
Congenital Rubella	Congenital Syphilis
Congenital Toxoplasmosis	Cortical Blindness
Costello Syndrome	Cri Du Chat Syndrome
Cryptophthalmos	Cutis Laxa
Cytochrome-c Oxidase Deficiency	Dandy Walker Syndrome
DeBary Syndrome	DeBoquois Syndrome
Dejerine-Sottas Syndrome	DeLange Syndrome
DeSanctis Cacchione Syndrome	Diastrophic Dysplasia
DiGeorge Syndrome	Distal Arthrogryposis
Donohue Syndrome	Down Syndrome
Dubowitz Syndrome	Dyggve Melchor-Calusen Syndrome
Dyssegmental Dysplasia	Dystonia
EEC (Ectrodactyly-ectodermal dysplasia-clefting) Syndrome	Encephalocele

Encephalo-Cranio-Cutaneous Syndrome	Encephalomalacia
Facio-Auriculo-Radial Dysplasia	Facio-Cardio Renal (Eastman-Bixler) Syndrome
Familial Dysautonomia (Riley-Day Syndrome)	Fanconi Anemia
Farber Syndrome	Femoral Hypoplasia
Fetal Alcohol Syndrome/Effects	Fetal Dyskinesia
Fetal Hydantoin Syndrome	Fetal Valproate Syndrome
Fetal Varicella Syndrome	FG Syndrome
Fibrochondrogenesis	Floating Harbor Syndrome
Fragile X Syndrome	Freeman-Sheldon (Whistling Facies) Syndrome
Fryns Syndrome	Fucosidosis
Galactosemia	Glaucoma-Congenital
Glutaric Aciduria Type I and II	Glycogen Storage Disease
Goldberg-Shprintzen Syndrome	Grebe Syndrome
Hallermann-Streiff Syndrome	Hays-Wells Syndrome
Head Trauma with Neurological Sequelae/Developmental Delay	Hearing Loss (25dB or greater in better ear as determined by ABR audiometry or audiometric behavioral measurements)
Hemimegalencephaly	Hemiplegia/Hemiparesis
Hemorrhage-Intraventricular Grade III and IV	Hereditary Sensory & Autonomic Neuropathy
Hereditary Sensory Motor Neuropathy (Charcot Marie Tooth Disease)	Herrmann Syndrome
Heterotopias	Holoprosencephaly (Aprosencephaly)
Holt-Oram Syndrome	Homocystinuria
Hunter Syndrome (MPS II)	Hurler Syndrome (MPS I)
Hyalinosis	Hydranencephaly
Hydrocephalus	Hyperpipecolic Acidema
Hypomelanosis of ITO	Hypophosphotasis-Infantile
Hypoxic Ischemic Encephalopathy	I-Cell (mucopolidosis II) Disease
Incontinentia Pigmenti	Infantile Spasms
Iniencephaly	Isovaleric Acidemia
Jarcho-Levin Syndrome	Jervell Syndrome
Johanson-Blizzard Syndrome	Joubert Syndrome
Kabuki Syndrome	KBG Syndrome
Kenny-Caffey Syndrome	Klee Blattschadel
Klippel-Feil Sequence	Landau-Kleffner Syndrome
Lange-Nielsen Syndrome	Langer Giedion Syndrome
Larsen Syndrome	Laurin-Sandrow Syndrome
Leber's Amaurosis	Legal Blindness (bilateral visual acuity of 20/200 or worse corrected vision in the better eye)
Leigh Disease	Lennox-Gastaut Syndrome
Lenz Majewski Syndrome	Lenz Microphthalmia Syndrome
Levy-Hollister (LADD) Syndrome	Lesch-Nyhan Syndrome
Leukodystrophy	Lissencephaly
Lowe Syndrome	Lowry-Maclean Syndrome
Maffucci Syndrome	Mannosidosis
Maple Syrup Urine Disease	Marden Walker Syndrome
Marshall Syndrome	Marshall-Smith Syndrome
Maroteaux-Lamy Syndrome	Maternal PKU Effects
Megalencephaly	MELAS
Meningocele (cervical)	MERRF
Metachromatic Leukodystrophy	Metatropic Dysplasia
Methylmalonic Acidemia	Microcephaly
Microtia-Bilateral	Midas Syndrome
Miller (postaxial acrofacial-dysostosis) Syndrome	Miller-Dieker Syndrome

Mitochondrial Disorder	Mobius Syndrome
Morquio Syndrome	Moya-Moya Disease
Mucopolysaccharidosis II and III	Multiple congenital anomalies (major organ birth defects)
Multiple Pterygium Syndrome	Muscular Dystrophy
Myasthenia Gravis-Congenital	Myelocystocele
Myopathy –Congenital	Myotonic Dystrophy
Nager (Acrofacial Dysostosis) Syndrome	Nance Horan Syndrome
NARP	Neonatal Meningitis/Encephalitis
Neuronal Ceroid Lipofuscinoses	Neuronal Migration Disorder
Nonketotic Hyperglycinemia	Noonan Syndrome
Ocular Albinism	Oculocerebrocutaneous Syndrome
Oculo-Cutaneous Albinism	Optic Atrophy
Optic Nerve Hypoplasia	Oral-Facial digital Syndrome, Types I-VII
Osteogenesis Imperfecta, Types III and IV	Osteopetrosis (Autosomal Recessive)
Oto-Palato-Digital Syndrome, Types I and II	Pachygyria
Pallister Mosaic Syndrome	Pallister-Hall Syndrome
Pelizaeus-Merzbacher Disease	Pendred's Syndrome
Periventricular Leukomalacia	Pervasive Developmental Disorder
Peters Anomaly	Phocomelia
Poland Sequence	Polymicrogyria
Popliteal Pterygium Syndrome	Porencephaly
Prader-Willi Syndrome	Progeria
Propionic Acidemia	Proteus Syndrome
Pyruvate Carboxylase Deficiency	Pyruvate Dehydrogenase Deficiency
Radial Aplasia/Hypoplasia	Refsum Disease
Retinoblastoma	Retinoic Acid Embryopathy
Retinopathy of Prematurity, Stages III and IV	Rett Syndrome
Rickets	Rieger Syndrome
Roberts SC Phocomelia	Robinow Syndrome
Rubinstein-Taybin Syndrome	Sanfilippo Syndrome (MPS III)
Schinzel-Giedion Syndrome	Schimmelpenning Syndrome (Epidermal Nevus Syndrome)
Schizencephaly	Schwartz-Jampel Syndrome
Seckel Syndrome	Septo-Optic Dysplasia
Severe Attachment Disorder	Shaken Baby Syndrome
Short Syndrome	Sialidosis
Simpson-Golabi-Behmel Syndrome	Sly Syndrome (MPS IV)
Smith-Fineman-Myers Syndrome	Smith-Limitz-Opitz Syndrome
Smith-Magenis Syndrome	Sotos Syndrome
Spina Bifida (Meningomyelocele)	Spinal Muscular Atrophy
Spondyloepiphyseal Dysplasia Congenita	Spondylometaphyseal Dysplasia
Stroke	Sturge-Weber Syndrome
TAR (Thrombocytopenia-Absent Radii Syndrome)	Thanatophoric Dysplasia
Tibial Aplasia (Hypoplasia)	Toriello-Carey Syndrome
Townes-Brocks Syndrome	Treacher-Collins Syndrome
Trisomy 13	Trisomy 18
Tuberous Sclerosis	Urea Cycle Defect
Valocardiofacial Syndrome	Wildervanck Syndrome
Walker-Warburg Syndrome	Weaver Syndrome
Wiedemann-Rautenstrauch Syndrome	Williams Syndrome
Winchester Syndrome	Wolf Hirschhorn Syndrome
Yunis-Varon Syndrome	Zellweger Syndrome

Form Number	First Steps Forms Index
FS-1A	Referral Form
FS-1B	DCBS Referral Form
FS-2	Family Letter for Screen Passed
FS-3	Notice of Referral to LEA/KDE <i>(for children over 2 yr. 10.5 mo.)</i>
FS-4	Unable to Contact Referral Letter
FS-5	Initial Home Visit Confirmation Letter
FS-6	Notice & Consent for Release of Child Outcomes Data to the Kentucky Center for Education and Workforce Statistics (KCEWS)
FS-7	Notice of Action & Consent for Assessment
FS-8*	Notice of Action & Consent for Screening, Evaluation and Assessment*
FS-9*	Notice of Action*
FS-10*	Consent to Release/Obtain Information*
FS-11*	Notice of Transition*
FS-12A*	Notice & Consent for Use of Private Insurance*
FS-12B	Notice for Use of Medicaid
FS-13*	Financial Assessment Verification*
FS-14	IFSP Meeting Notice
FS-15*	IFSP Signature Page*
FS-16	Record Review Cover Letter & Request
FS-17	Service Exception Supporting Documentation Form
FS-18	Notice of Action for Annual Eligibility Determination
FS-19	Referral Portal Letter
FS-20*	Complaint Form*
FS-21*	Mediation/Due Process Request*
FS-22	Health Information for Eligibility
FS-23A	Surrogate Parent Identification of Need
FS-23B	Educational Surrogate Assigned Request
FS-23C	Parent Designation of Educational Decision-Making
FS-23D	Referral Information Request for Caseworker
FS-24*	Family Share Extraordinary Family Expenses Worksheet*
FS-25	Family Share Temporary Suspension or Waiver Request
FS-26	Notice of Action Family Share
FS-27	Record of Access
FS-28	Child Find Plan
FS-29	Notice of Confidentiality, Privacy Practices & Records
FS-30	Notice of Action & Consent for Secondary Level Evaluation
FS-31	Request for Intensive Level Evaluation
FS-32	Destruction of Records Letter
FS-33	Record Request Form
FS-34	Waiver of Interpreter Services-Limited English Proficiency (LEP)
FS-35	Family Letter for Monitoring Area
FS-36	Reserved
FS-37A	Referral Form to CSHCN
FS-37B	Consent to Release & Obtain Information CSHCN
FS-38	Otoacoustic Emissions (OAE) Screen Reporting Form
FS-39	Neonatal Follow-Up Program (NFP) Referral
FS-40	Parent Consent to Share Information Referral Letter
FS-41	Insurance Information Template
FS-42A	Assistive Technology Purchase Request
FS-42B	Assistive Technology Purchase
FS-43	Family Assessment
FS-44	Screening Cover Letter
FS-45	Early Intervention Service Availability Notice
FS-46	Parent Agreement for TOTS Access via Internet
FS-47	Family Assessment Preparation Letter
FS-48*	Notice of System of Payments
FS-49	First Steps Respite Report

	At-a-Glance: Educational Surrogate Parent
	IFSP Meeting Reminders
	First Steps Transition: Part B Special Education Fact Sheet
	TOTS Information for Parent Access
	TOTS Parent Portal Acceptable Use and Safety Policy
	Step-by-Step Instructions for TOTS Parent Access
	"I Speak" Language Selection Cards
	Know Your Rights Brochure-Arabic
	Know Your Rights Brochure-Cambodian
	Know Your Rights Brochure-Chinese
	Know Your Rights Brochure-Creole
	Know Your Rights Brochure-English
	Know Your Rights Brochure-Hmong
	Know Your Rights Brochure-Korean
	Know Your Rights Brochure-Russian
	Know Your Rights Brochure-Spanish
	Know Your Rights Brochure-Vietnamese

*Forms incorporated in regulations